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Welcome to Kuala Lumpur!

Department of State Office of Medical Services Mission Statement

"To provide the Department and all Foreign Affairs Agencies with a healthy work force and to promote the health of all beneficiaries under the Medical Program by facilitating access to quality medical care and encouraging participation in disease prevention programs."

Health Unit Office Hours

All visits are by appointment with the exception of flu shots, blood pressure readings and emergencies.

The Health Unit is open	Monday through Friday	07:45 - 16:30
Appointments	Monday through Friday	08:30 - 16:00
Administrative Time	WEDS AFTERNOON	13:00 – 16:30
PHONE NUMBER: 2168-4880		

Health Unit Staff

Mari C. Sullivan, MSN, ARNP, FSHP	Post Medical Officer	2168-2391 CELL: 012-205-1178
Christina Lee, RN	Registered Nurse	2168-4880

After Hours or Medical Emergency

Post One.....2168-4959

Call for connection to the on-call staff member for advice

Prince Court Medical Centre Ambulance..... 2160-0000

Gleneagles Medical Centre..... 4257-1300

Lifeline Ambulance..... 7956-9999

First Ambulance..... 1-300-88-1919

Poison Control..... 1-800-222-1222 or 202-625-3333

For accidental poisoning...call poison control in the USA FIRST!!! Have the bottle of pills or other poison within reach when you call. THEN call Post One or the Medical Officer if necessary.

-----SEEK MEDICAL ATTENTION IMMEDIATELY FOR THE FOLLOWING SYMPTOMS-----

Warning Signs of Heart Attack

- Uncomfortable pressure, fullness, squeezing or pain in the mid-chest that lasts more than a few minutes or goes away and comes back
- Pain that spreads to the shoulder, neck, jaw or arms
- Chest discomfort with lightheadedness, fainting, sweating, nausea or shortness of breath

Warning Signs of a Stroke

- Sudden numbness or weakness of the face, arm leg especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble with balance and coordination
- Sudden severe headache, with no known cause

- - - - -Is it a Medical Emergency? A Guide for the Home or Office- - - - -

Common sense will send most people for emergency medical care for well-known serious conditions such as a head or spinal injury, trauma, drowning, poisoning, respiratory or heart failure. There are equally serious disorders where delaying prompt medical attention may lead to prolonged or failed recovery. If any of the following conditions occur, it is considered a medical emergency and IMMEDIATE medical attention should be sought out:

1. **CHEST PAIN:** Moderate or severe chest pain, that is unrelieved by rest or change in position, and/or chest pain radiating to the jaw, neck, arm, shoulder or back requires **IMMEDIATE** medical attention. It may be accompanied by nausea and sweating as well as lightheadedness or it may be a combination of symptoms. **If chest pain occurs, CHEW one regular Aspirin if there are no allergies to Aspirin.** If the chest pain is due to a cardiac problem, the sooner one is seen by a cardiologist via an Emergency Room, the better the outcome and prognosis. If a patient with a history of a heart condition has taken 2-3 nitroglycerin tablets sublingually as prescribed without relief, immediate evaluation is required.
2. **UNCONSCIOUSNESS/ SEIZURES:** Any loss of consciousness for any period of time requires an immediate medical evaluation. If loss of consciousness is due to trauma, the head and spine should be immobilized. A seizure is a medical emergency if there is no history of a known seizure disorder.
3. **BLEEDING:** A wound that continues to bleed despite the application of direct pressure must be treated to prevent excessive blood loss. In a small child, if you cannot control a nosebleed with squeezing pressure to the nose, go to the emergency room immediately.
4. **STUPOR OR DROWSINESS:** If a person is not alert enough to say what happened to him/her, get medical attention. A child who cannot be aroused needs immediate medical attention.
5. **DISORIENTATION:** A previously alert person who suddenly is not oriented to time, place or person, needs immediate attention.
6. **SHORTNESS OF BREATH/ DIFFICULTY BREATHING:** Shortness of breath and difficulty breathing are often symptoms of serious illnesses and therefore require a medical evaluation. Parents of young children need to be especially watchful of labored breathing associated with respiratory infections. Young children using chest wall muscles and breathing rapidly (especially >40 breaths/minute) require medical attention.
7. **NEAR DROWNING:** Victims of near-drowning need to be seen in an Emergency Room despite appearing to “recover”. In addition to respiratory problems, spinal cord injuries are common in water related accidents.
8. **SEVERE PAIN:** Severe pain, especially headache, chest or abdominal, requires immediate medical evaluation.
9. **POISONING/OVERDOSE OF MEDICATION:** Any poisoning or overdose of medication whether known or suspected requires immediate medical attention. Symptoms depend upon the nature and amount of substance one has ingested or to one's length of time of exposure to the substance. Parents of young children need to be aware that common household plants can be very poisonous.
10. **ALLERGIC REACTIONS:** Allergic reactions to medications, foods or insect bites can be severe and life-threatening. Symptoms include rash, swelling, difficulty breathing, hypertension and cardiovascular collapse. Suspected allergic reactions require immediate attention.
11. **FEVERS:** Sustained fevers need to be evaluated in both adults and children. Fevers are most serious in young infants and can be associated with seizures. (For more information, see “Fevers” on page 31).

Regional Medical Staff

Singapore (Medevac Center)

27 Napier Road, Suite 3105
Singapore 258508
(65) 6476-9230, Fax (65) 6476-9173

Office hours: Monday – Friday 08:30 – 17:15
(closed daily from 1230-1330)

Medevac Center Key Staff

Dr. Larry Brown, MD	Regional Medical Officer	6476-9144	9248-4522
Dr. Walter LUCAS	Regional Medical Officer	6476-9446	9248-4520
Dr. Robert JANKE	Regional Psychiatrist	6496-9491	9248-4523
Sheila SUPPIAH, RN	Medevac Coordinator	6876-9117	9248-4521

Bangkok Regional Psychiatrist

OFFICE NUMBER

Dr. Marcia Meckler, MD	Regional Psychiatrist	66-(0)2-254-5508 (after Nov 20,2008) Cell: 66-(08)1-911-3073
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Employee Consultation Service

Main Office
Columbia Plaza - Room H246
Washington, DC 20520-2256
Tele: (202) 663-1815
FAX: (202) 663-1454
Email: MEDECS@state.gov

-----Functions of the Health Unit-----

Medical Orientation: All new arrivals employee and spouses receive a comprehensive medical orientation. This is an important step in understanding the medical care system in Malaysia as well as obtaining vital information on how to stay healthy. A health information booklet is provided, and a review of medical issues and prescription needs is completed at orientation. PLEASE BRING the following information to your orientation appointment: your medical records, your yellow immunization book and your medical insurance card or a photocopy.

Confidential Management of records: All medical records are stored in locked, fire-proof files in the Health Unit. Only the medical staff has access. In general, your health care providers cannot share medical information about you with others (including family members) without your permission. Information can be shared with the Regional Medical Officer and the Regional Psychiatrist as they are part of the Medical Program but not with supervisors or anyone that is not medical staff.

Manage Acute Medical Problems: We examine and treat a variety of medical problems both acute and chronic at scheduled appointments. We monitor, record, prescribe and guide our patients with chronic conditions such as diabetes, heart disease, asthma, hypertension, thyroid disorders, ADHD, depression and substance abuse.

Laboratory Services: We will draw your blood here in the Health Unit and send it out to one of our reference laboratories for analysis. Most lab tests that can be done in the USA can be done here in Kuala Lumpur with the exception of certain tests for follow up treatment of hematology problems or other chronic diseases. If you or your family member has a need for ongoing monitoring of a specific, unusual blood test, please contact the Medical Officer (FSHP) as soon as possible. A limited number of laboratory services, such as strep tests, pregnancy tests, urinalysis, some microscopic exams and glucose testing, are available in-house.

Health Promotion: We provide CPR classes, encourage weight control and compose health information articles for Embassy newsletters. A small lending library for health-related topics is available in the waiting room.

Professional Referrals: Kuala Lumpur has a number of well trained, English speaking specialists. Many of the physicians we use for our patients will make special effort to see our patients upon our asking them for their assistance. We are pleased with our referral physicians and they are well respected by our mission personnel. We visit these locations and review credentials and CV's on these physicians. We also take patient complaints very seriously. If you have difficulty with a physician or clinic that we have referred you to, please talk to us immediately.

Administrative Services: The Medical Officer is an integral part of the Emergency Action Committee (EAC) and the Management Section. The HU is responsible for providing monthly statistics to MED, as well as updates on local health and environmental health issues. We organize visits from the RMO in Singapore and the RMO psychiatrists. We audit files, maintain medical records, and keep records on immunizations and lab services.

Pharmacy Services: The FSHP can write prescriptions for acute and chronic medications including those used to treat ADHD. Prescriptions are faxed electronically to participating Mail-In pharmacies in the United States. Some medications are available in the Health Unit for immediate care to the employees of the Post. The Medical Officer will also write prescriptions for medications available locally when needed. Please consult your Medical Insurance brochure to see which Mail-In pharmacy is appropriate for you and register on-line!

Assessment of Local Facilities: The Health Unit staff regularly visits and assesses physician's offices, dental locations, hospitals and pharmacies. This enables us to evaluate each center for its ability to provide care to our mission.

Family Advocacy: The Post Medical officer is part of the family advocacy team, and may be called upon to provide information in these very sensitive issues. **The Medical Officer has mandatory reporting requirements for suspicion of child abuse or neglect.**

Walking Blood Bank: We maintain a record by blood type of those employees who volunteer as blood donors, in the event of an emergency. Kuala Lumpur uses a central, national blood bank for emergencies requiring blood. It is not possible to bank blood for a specific individual or mission at this time.

- - - - -Health Unit Policies- - - - -

The Department of State medical program was established to provide access to health care for USG direct-hire employees of participating agencies and to their eligible dependents assigned overseas. Health care personnel are not permitted to care for ineligible patients. Members of Household do not have Health Unit access but may be advised where to seek care in the community.

The Health Unit functions in the same manner as a typical doctor's office in the US, with scheduled appointments for health care and routine immunizations. Some medications may be provided for on-the-spot treatment. **Employees are responsible for providing their own over-the-counter medications. Some are available in local pharmacies or www.drugstore.com, www.cvs.com or other on-line vendors.**

Due to the small size of the medical unit and the small waiting room and in consideration of patient confidentiality issues, ALL medical visits are seen by appointment only. Emergencies are seen as they occur and depending on the situation, may be seen ahead of a scheduled appointment.

The Health Unit is available to all employees and eligible family members who participate in the State Department Medical Program and who have a valid overseas medical clearance. If your agency pays into ICASS chances are, you and your family have access to our services. Others may be seen on a case-by-case individual basis by special permission of the Ambassador. Foreign Service National employees may be seen for on-the-job illness or injury.

The employee is responsible for having an updated Medical Clearance! Please assure that your clearance is up-to-date PRIOR to leaving the USA for your overseas assignment to Kuala Lumpur. If you are unsure of when your last Medical Clearance was, you may find out by contacting the Office of Medical Clearances at 703-875-5411 or by asking your post Medical Officer. We can look up your clearance information on our Health Unit Computer.

- - - - -Personal Medications- - - - -

Employees are responsible for their personal prescription medications by assuring their prescriptions are up-to-date. After the FSHP faxes the prescription, the patient is responsible for subsequent refills for those medications. Some insurance companies including BC/BS and FSBP allow a one year supply all at once of certain medications. Those employees with Blue Cross/Blue Shield, Federal Service Benefit Plan, GEHA or TriCare may have prescription medications ordered through the health unit after an initial consultation with the FSHP Medical Officer. Upon arrival to Post, the Medical Officer must review the medical record and meet the patient before re-ordering a prescription. The average turnaround to the mail order pharmacies is 2-3 weeks, so an early appointment to address prescription medication needs is recommended.

Blue Cross/ Blue Shield

Employees with BC/BS have mail order pharmacy service through Medco. You can trace your Medco prescriptions by calling 1-800-262-7890 or logging into www.medcohealth.com

Foreign Service Benefit Plan

Employees with FSBP have mail order pharmacy service through Medco. You can trace your Medco prescriptions by calling 1-800 282-2881 or logging into www.medcohealth.com

TriCare

Employees with Tricare have mail order pharmacy service through Express Scripts. You can trace your Express Scripts by calling 1-866-275-4732 or logging into www.express-scripts.com

If you have a health insurance different from those listed above, please refer to your individual plan regarding mail-order pharmacy benefits.

----- Pharmacies in Kuala Lumpur-----



Most over-the-counter medications can be purchased in local pharmacies. Since products are not always stocked in full view of customers, ask the salesperson for assistance. Be sure you are provided with medications in the original packaging. If you have any questions about local products or the names of local medications, please contact the health unit. Local pharmacists do not usually have the same degree of concern about patient confidentiality that American pharmacists have. If you have a sensitive issue that you would NOT want discussed with another patient, do not use a local pharmacy! Over-the-counter medications are also available through on-line US retailers, such as www.drugstore.com, www.Walgreens.com, and www.CVS.com or at a number of Washington, DC pharmacies listed at the end of this booklet. For ongoing prescription needs, it is best and more cost effective to use your mail-in pharmacy option. We will electronically send the prescription DIRECTLY to Medco, Caremark or any other pharmacy in the USA. Medications are generally less expensive and quality and confidentiality is assured through the mail-in pharmacy program.

Family Care Pharmacy

Hock Choon Supermarket, 2nd floor
Jalan Ampang.
Tel: 2142-8621.

Guardian Pharmacy

Located in KLCC
Pavillion Mall
Great Eastern Shopping Center
Ampang Point

Watson's Pharmacy (*not all sell prescription drugs!)

Located in KLCC
Pavillion Mall
Great Eastern Shopping Center*
Ampang Point

Pharma Care Pharmacy

Lot 15, Jalan Memanda 9
(Opposite Ampang Puteri Hospital)
Tel: 4260-3081

Gleneagles Medical Centre also has a quality pharmacy but you will need a prescription from one of their own doctors to use it!

Vitacare

Naan Corner

-----Travel Information – General Medical & Immunization-----

The Office of Medical Services provides a Travel Medicine Information website called TRAVAX, which is available for U.S. Department of State and Foreign Service employees and their family members. This site is continually updated and is the primary source of travel vaccine information for the CDC and other agencies.

This website provides continuously updated information regarding:

- Country specific recommendations on immunization and prophylaxis
- General health and safety measures for overseas travel
- All available and current Post Health and Medical Information Guides
- Links to various other information websites used by Department of State Health Care Providers

Access is also provided for family members and other participants in the Department of State Medical Program outside the State Department at www.travax.com Log On: **statedept** Password: **4re\$ted**

If you are traveling to a country in the region such as Vietnam or Thailand or Indonesia, you are STRONGLY encouraged to consult TRAVAX and then contact the Medical Unit if you find you need additional vaccines or malaria prophylaxis. Malaria prophylaxis needs to be started ONE WEEK prior to travel so make the appointment for your travel consultation early in your planning.

Disclaimer: The information on this website is provided and specifically intended for use for official travel of U.S. government employees and their dependents participating in the U.S. Department of State Medical Program in conjunction with consultation with a health care provider. It is not designed or intended as advice for individuals not covered by this program and should not be distributed to individuals or entities not included in this program. Further, the information contained on these web pages is not intended and should not be construed as U.S. Department of State guidance to the general public.

-----Local Medical Services-----

The Health Unit recommends that you initiate medical care in our office and if specialty care is needed, our office will recommend a physician from our Physician Referral panel. We will provide you with the name and phone number so you can schedule your appointment. Often we will send a consult not first so that the specialist has a starting point prior to seeing you. It is the responsibility of the patient to schedule individual appointments. A list of basic referral services such as dentists, ophthalmologists and emergency care medical services can be found in the back of this book (Appendix C).

Appointments are generally easy to obtain and are often available in the same week. Malaysians are accustomed to waiting to see the doctor, and this is considered normal and accepted procedure in this country. Even with an appointment, it is not unusual for the office to practice “first come, first served”. Plan to arrive early for your appointment and take a book or something to do. If you feel that you were treated unfairly or the wait to see the specialist was unreasonable, please bring your concern to our attention.

Malaysian physicians speak English and practice medicine in a manner consistent with American expectations. Many of the local physicians receive specialty training in England, Australia, and Canada, as well as, the United States. Competent specialists in many fields can be found.

It has long been a Malaysian practice to provide medications along with professional care. If you are given medications, make sure that the doctor or nurse writes down the name of the drug, the dosage, and frequency for taking the drug. This can be critical if you develop a complication or reaction and must later be seen in an

emergency room or by another doctor. Our Medical Unit expects a written consultation or statement containing the medical findings, diagnosis, and the recommended treatment so that the information can then be reviewed and added to your medical record.

In general, medical care is less expensive here than in the US. Physicians' offices or diagnostic testing facilities expect payment for services at the time of the appointment. Since Malaysian medical providers do not participate with US insurance companies, it is the responsibility of the employee to submit their medical claims to their private insurance company. Overseas employees and eligible dependents requiring hospitalization are issued an Authorization for Medical Services Form (DS- 3067), which is recognized as a Guarantee of Payment by the hospitals we use.. This form allows MED to pay up front for the usual and customary fees for hospitalized and related outpatient care for illnesses, injuries or conditions incurred overseas. The employee is required to file medical claims with his or her own medical insurance company. The amounts received in settlement of the claims are forwarded to their agency collection office via the Embassy FMO office. If insurance carrier payments are not paid within 60 days of medical treatment, collection will be initiated by MED. MED serves only as the secondary payer and liability is limited to the residual after the employees' own health insurance has paid. (16 FAM 500). **You must be hospitalized for over 24 hours in order that MED or your agency would act as secondary payer.** The hospitalization MUST be considered in keeping with usual and customary medical practice in the United States in order for the USG to act as secondary payer. In other words, if it is not customary in the US that you would be hospitalized for a broken arm, you will not be covered for it if hospitalized overseas for the same problem. It is important that you inform the Medical Unit immediately if the specialist you see feels that you need to be admitted!

For more information on submitting your medical claims, please contact your health insurance company directly.

Care First
Blue Cross/Blue Shield
PO Box 96242
Washington DC 20090-6242
Tel: 800-999-9862

Foreign Service Benefit Plan
1716 N. Street NW
Washington DC 20036-2902
Tel: 800-818-6717
www.afspa.org

TriCare
www.tricare.osd.mil/claims

- - - - -Recommended Medical Facilities in Kuala Lumpur- - - - -

There are two private major medical centers that we use to hospitalize our patients requiring emergency treatment or stabilization: **Prince Court Medical Center** located close to the US Embassy on Jalan Tun Razak and **Gleneagles Medical Center** on Jalan Ampang located close to where many families live in Ampang. We also have hospitalized individuals for out-patient procedures at The Kuala Lumpur Sports Medical Center in Damansara. We encourage all new employees to identify which of the recommended facilities is closest to where you live. A list of Hospitals is located in the back of this guide. (Appendix C)

- - - - -Medical Eligibility - - - - -

In general, if the agency that you work for pays into ICAS then you and your family members are eligible for Medical Unit services. If you have questions about whether or not you are eligible based on ICAS criteria, please consult either the FMO or the Management Counselor. Some caveats regarding eligibility follow:

Dependents: Dependents eligible for coverage through the State Department Medical Program are outlined in 3FAM 1930. They include children who are unmarried and less than 21 years of age, or those who, regardless of age, are incapable of self-support, provided such incapacity existed on or before the 21st birthday of the child. Dependent children of separated or divorced parents are eligible for coverage if the overseas DOS parent has legal custody. The program also includes stepchildren, adopted children and children under the legal guardianship of the employee or spouse. Children under guardianship are covered only when they are depend on and residing with the guardian. **All**

covered dependents must have a valid medical clearance prior to receiving services. Although the State Department may offer other benefits such as educational travel to children over the age of 21, medical benefits cease at the 21st birthday, unless the child is incapacitated in accordance with the terms mentioned above. Insurance carriers participating in the Federal Employee Health Benefits Program cover children to age 22 and beyond age 22 when incapacitated for the same reasons described above.

Dependent parents, visiting relatives and retired Foreign Service Annuitants, even if they are on your travel orders are not eligible for hospitalization, Health Unit access or medical evacuation under the Department of State Medical Program. Please remind older visiting relatives that Medicare does not cover any overseas hospitalization or other medical care. They should obtain Air Ambulance Insurance for travel. A list of services can be found below but should be thoroughly researched by the traveler.

Newly Acquired Dependents: Whether acquired through birth, adoption, marriage or otherwise, dependents initially become eligible for benefits under the DOS Medical Program upon becoming a dependent. ***Continuation of these benefits beyond 90 days is subject to each new dependent's taking the prescribed medical examination and receiving a medical clearance.*** Failure to undergo this examination will disqualify the dependent for medical benefits until the examination has been completed and a medical clearance or waiver has been issued.

Contractors: In general, individuals who are with agencies that do NOT pay into ICASS, are NOT eligible for the Department of State Medical Program. However, contracted directly to the United States Government, chances are you ARE eligible. If you are working for a firm or company that is contracted to the USG, chances are that you will NOT have Health Unit privileges. All contractors who are eligible for the Medical Program and who will be overseas for sixty or more days per year, MUST have a medical clearance issued by the DOS Office of Medical Clearances.

Short Term Medical Insurance Policies can be purchased for those friends and family visiting Malaysia, who are not covered by the DOS. Below is a list of companies that offer short-term medical insurance. Be sure your friends and family also obtain Medevac (Air Ambulance) Insurance. The State Department will NOT cover them.

Access America
(Subsidiary of BCBS NCA)
300 3rd Ave, Box 807
NY, NY 10161

Gateway
(Seabury and Smith)
Washington DC
Tel. 202-457-7707 or 800-282-4495

Healthcare Abroad
Vienna VA
Tel: 800.237.6761

International SOS Assistance Inc.
Eight Neshaminy Interplex Suite 207
Trevose PA 19503
Tel: 800-523-8930 / Fax: 215-244-2227

MEDEX Travel Insurance
Tel: 800-527-0218
info@medexassist.com

- - - - - Foreign Service Medevac - - - - -

Employees and eligible dependents with valid medical clearances that require medical care while posted abroad in an area without adequate medical facilities can be recommended for Medevac by their FSHP, RMO or MED. **A Medevac is only authorized if such evacuation or treatment cannot be postponed until home leave or R+R, and if such a delay can expect the condition to worsen without treatment. This includes Dental emergencies.**

While many medical problems can safely be handled in Malaysia, we will medevac for conditions that may be very serious, such as suspicion of cancer; for operations that will require extensive nursing care, and for most pediatric surgeries in very small children. The typical length of per diem and time requested for Medevacs to Singapore is three days. This does not automatically ensure that the individual will BE THERE for three days, and you will only receive per diem for the days determined by the Medevac Center in Singapore

Emergency Evacuation – Singapore is the Medevac Center for Kuala Lumpur and is a full-service Medevac Center similar to other Department of State Medevac Centers in London, Pretoria, Florida and Washington, DC. Medevacs are usually arranged for problems that must be dealt with promptly and cannot adequately or safely be dealt with locally. An Air or Ambulance Evacuation is an extraordinarily rare occurrence from this post but could occur in cases of significant trauma.

Several direct flights to Singapore are available daily. The patient's sponsor must provide a signed "repayment agreement" in order to obtain an air ticket for Medevac to Singapore prior to the arrival of a fund cite cable from Washington.

The Medevac cable will provide information for the patient to obtain clearance for RTP (return to post). Make sure that you thoroughly read the cable to follow all of the instructions. A pre-Medevac appointment in the Health Unit will review all the information and instructions and provide you with a Medevac folder containing all relevant information related to your Medevac. Reimbursement of funds can be requested only after the Health Unit has received the RTP clearance. Outpatient medical costs incurred in Singapore, even if they are a result of a Medevac to Singapore are the responsibility of the patient.

Checklist for Medevac Travel (the employee is responsible for all required documents prior to departure of self and/or EFM):

- ✓ Copy of Med Cable authorizing travel
- ✓ Authorization for hospitalization. Post will issue the DS-3067 if overseas. MED will issue if Medevac is to the US.
- ✓ Valid passport and re-entry visa
- ✓ Medical record release from attending physician
- ✓ Medical insurance information (company, policy, and group numbers)
- ✓ Sufficient funds and credit cards
- ✓ Airline tickets
- ✓ Supervisor informed of travel plans and dates
- ✓ Power of attorney (for spouses)

We (the medical unit staff) do not discuss Medevac circumstances with supervisors unless we have written permission from the patient. It is up to the patient, or patient family to discuss medical issues with the patient's supervising staff at the Embassy.

Under certain circumstances, medical per diem can be authorized for those traveling on R+R or other post authorized official travel. Medical per diem cannot be authorized if traveling under Department funded travel orders, such as home leave, and transfer or separation orders.

As stated in each Medevac cable, Foreign Programs (MED/FP) is the point of contact between the attending physician, patient, MED and post. Upon arrival to the US the patient must contact MED FOREIGN PROGRAMS (FP). **The Singapore Medevac Center or Med FP decides upon the reinstatement of the medical clearance. This clearance must be received before returning to Post. Failure to do so may result in loss of benefits.**

Employees are urged to become familiar with their health insurance benefits. Your health insurance must be notified for pre-certification when hospitalized in the US as well as for certain procedures performed on an outpatient basis. If you are hospitalized on an emergency basis, your insurance company must be notified within 48 hours. The employee is responsible for calling the admission numbers on the back of the insurance card or be sure that the hospital or admitting physician has done so.

“An eligible employee, or any of the employee’s dependents, who require medical care for illness, injury, medical or obstetrical care, (none of which are the result of misconduct while stationed abroad in an area of inadequate medical facilities to provide such care), shall be eligible to travel, at Government expense, to the nearest facility, where suitable medical care can be obtained, whether or not the medical care is at Government’s expense.” (Foreign Affairs Manual 3:686.1)

Other Types of Medical Evacuations include:

Obstetrical - Medevac to the United States is both recommended and authorized for pregnancy. Up to 90 days of per diem can be authorized for this benefit. This permits 6 weeks of per diem prior to, and 6 weeks of per diem following delivery. See FAM 3700 for complete information. Those who elect not to deliver in the US should contact the Health Unit for more information about local hospital delivery and medical waivers.

Psychiatric - When an individual is unable to continue in his job or other area of personal interaction, he may require psychological evaluation and/or treatment in the US. The Regional Medical Officer or Regional Psychiatrist will decide the need for such psychological evaluation. A review will be made of the ability of that person to return to an overseas posting at a later time. Children requiring medevac for psychiatric reasons will be Medevac’d to CONUS.

Dental - Most dental emergencies can be taken care of at post. Patients are responsible for all costs of dental care whether routine or emergent.

Follow-up care

Once an individual is cleared to return to post, travel for follow up appointments to Singapore will not be paid for by MED. Approval for Medevac will not be granted for follow-up appointments that resulted from the medevac. If one needs to continue to see a medical provider in Singapore upon return to Kuala Lumpur, the individual will be responsible for the entire cost of the travel and expenses for the follow-up appointments. The USG WILL serve as secondary payer for expenses related to the Medevac diagnosis for up to one year following the Medevac, as long as the Medevac required hospitalization of over 24 hours.

A person Medevac’d for ANY reason loses their medical clearance. This will be reinstated by the RMO in Singapore or by MED FP upon completion of the Medevac if the patient is cleared to return to post. Most people who are Medevac’d return to post with a Class 1 Medical Clearance. However, there are occasions where the medical diagnosis requires frequent medical follow-up and therefore, the clearance may be changed to a Class 2. Occasionally, the diagnosis the patient has is not compatible with life in Kuala Lumpur and a patient may receive a Class 5 Medical Clearance and will then need to medically curtail from post. Fortunately, this is the exception in Kuala Lumpur.

- The Medical Officer (FSHP) approves all evacuations from Post to non-CONUS location.
- All evacuations from Post to CONUS and all SOS air evacuations are approved by M/DGP/MED/FP.
- All psychiatric evacuations travel to CONUS and are approved by M/GDP/MED/PSYCH.

Medical or non-medical attendants may be authorized to assist the patient if he is too sick, unstable, or too young to leave Post alone.

Evacuees are responsible for filing their own claims with their private insurance carrier and to reimburse expenses paid to the US Govt. Per Diem is allowed before and after hospitalization while the patient is at the evacuation site. Per Diem is also allowed for the time necessary to complete outpatient care. Per Diem for dental evacuations is limited to either 1 or 3 days, even if the necessary care requires more time. Per diem is NOT paid while the patient is hospitalized.

- - - - -Medevac and Home Leave- - - - -

International travel orders for home leave and/or transfer and separation supersede all other travel. Medevac orders cannot be issued in conjunction with home leave orders. However, a letter of Authorization for Hospitalization (DS 3067) may be issued while on home leave for an illness or injury that occurred while on an overseas assignment. Per Diem cannot be paid while on home leave but CAN be paid retroactively while on R & R, if the medical illness resulted in three or more appointments. It should be remembered that Med expects that while you and your family are in the United States for R & R or home leave, you will take the time to schedule needed medical and dental care that ordinarily cannot be obtained overseas.

- - - - -Evacuation Policy for Pregnant Women- - - - -

It is the preference of the Department of State Medical Program that all pregnant women deliver in the United States. Women are encouraged to establish care locally but then to deliver in the United States as the standards of Obstetrical Care and Neonatology are the best in the world. All pregnant women, regardless of post of assignment, will be offered the opportunity of evacuation to CONUS in the last trimester of pregnancy (by 34 weeks of pregnancy). Some women who have had children previously may choose to deliver in Malaysia. If you are one of them, it is important to meet with the FSHP to discuss your plans early. There are certain conditions that must be met in order to deliver locally. Many women also elect to deliver in Singapore, our Regional Medevac Center. Expectant mothers are encouraged to consult the Medical Office for early diagnosis and care, and to assist in the selection of an appropriate obstetrician. Certain high-risk pregnancies may be best managed in the USA.

- - - - -Medical Care during Other Official Travel- - - - -

M/MED can authorize medical per diem in conjunction with R+R, EVT or other post- authorized official travel. The person may be authorized medical Per Diem while receiving medical treatment and after, if approved by MED. The patient needs to present a written medical report including dates of treatment. In order to receive this benefit, there needs to be a minimum of three appointments, on three separate days, for the same medical diagnosis. If there are only two appointments, per diem will not be authorized.

- - - - -Emergency Visitation Travel- - - - -

A Medical EVT can be authorized when a parent, child or sibling has died, or when a parent or child's health situation is life threatening. The employee or eligible family member is limited to one round trip for each serious illness or injury of each immediate family member. Separate travel for death/interment however, can be authorized. For full regulations concerning the EVT, please consult 3FAM 699.5. In addition, EVT can be authorized when needed to help an elderly parent with a non-medical situation, for example when transferring to their home to a senior housing complex. This type of EVT is NOT approved by MED and is initiated through Human Resources.

Although the Health Unit may be able to answer general medical questions, it is the responsibility of Human Resources to contact Foreign Programs (MED/FP) for authorization when a parent or child has a life threatening medical condition. In the event of death of a parent, child or sibling, authorization for EVT is given by Post.

Family members in the United States must inform the attending physician that a State Department Medical representative may contact them to discuss the patient's condition and that permission to do so is granted by the family. To expedite this procedure, the family can request the attending physician to notify the State Department medical staff at (202) 662-1662 EST, Monday through Friday from 8:00 am to 5:00 pm, or (202) 647-1512 after hours, and on weekends and holidays. In the event of death, call (202) 647-3432, Monday through Friday, from 8:00 am to 5:00 pm EST, or (202) 647-1515 after hours or on weekends and holidays. If the family member wishes to travel prior to receiving authorization for EVT, a repayment agreement may be signed.

Up to 12 weeks of time off, under the Federal Family Leave Act, may be used to care for a family member with an illness, injury or other condition OR for business relating to death of a family member.

- - - - - Mental Health Issues - - - - -

The Employee Consultation Service is located in Mental Health Services within the Office of Medical Services. The staff is comprised of experienced professional social workers who offer the following: confidential employee assistance short-term counseling and referral assistance; consultation and support to families with children who have special educational needs which includes coordination of the post approval and medical clearance recommendation process; assistance with psychosocial and administrative support to families experiencing domestic violence; counseling support to diplomatic security; and administrative review and assistance with compassionate curtailments, breaks and extensions of service.

Foreign Service and Civil Service employees may contact the ECS staff to discuss concerns of an individual, couple/marital, family, or workplace nature. This opportunity allows the employee to discuss issues in a private and confidential manner. Oftentimes, when circumstances require more extensive intervention, a referral is made to a community resource utilizing the employee's health insurance plan.

The ECS staff works closely with parents who are assigned overseas and covered by MED to assure their children's special needs are identified, appropriately assessed and an effective educational plan is established. The staff has an extensive fund of psycho educational resource and assessment information that will assist parents with children who present with special educational needs to assure the child succeeds in school. Specifically, the ECS staff assists families with the arrangement of educational assessments to identify delays in development, which includes: speech problems, motor coordination difficulties, learning difficulties, attention deficit disorders, and emotional problems. Comprehensive evaluations can include psychological, educational, speech/language, occupational therapy and psychiatric assessments.

- - - - - Regional Psychiatrist Services - - - - -

Kuala Lumpur is covered out of Bangkok for Mental Health Issues. Marcia Meckler, MD, RMO/P is the Regional Psychiatrist for this region, based in Bangkok. She will be covering Kuala Lumpur until Summer 2011. She can be reached at the following numbers:

Medical Unit-BANGKOK: **00662-254-1164**

Psychiatrist Office: **00662-205-5508**

The other psychiatrist for this region is Dr. Rob Janke, RMO/P based out of Singapore. His contacts are:

Medical Unit-SINGAPORE **02-6476-9173**

Cell Phone: **02-9248-4523**

Mental Health Services

The psychological well-being of Foreign Service Officers and their families is an important aspect of the support and concern of the Office of Medical Services.

As part of the State Department's Medical Service Program, there are twelve Regional Medical Officer Psychiatrists (RMO/P) serving overseas regions. These medical doctors offer psychological services within their geographic areas to all employees and their family members; services include individual, couple (marital), and family counseling sessions. Consultations for dependent children can facilitate the evaluation of learning disabilities and behavioral problems. They also provide counseling and guidance in problems involving alcoholism and substance abuse.

There may be instances when a medical evacuation is necessary to the United States (usually to the Washington, D.C. area) because of emotional/psychological problems. Psychiatric medevacs follow the guidelines outlined in other medical evacuations. Overseas medical clearance is canceled until psychiatric consultation and evaluation for suitability of return to the overseas assignment are completed.

Stress Reactions

While most persons adapt and adjust to the various events of overseas living (geographic relocations, responses to new cultures), a few find that their coping methods may be overwhelmed to the point of requiring some therapeutic intervention.

Temporary indications that one may be experiencing undue stress are:

- 1) Feelings of anxiety, worry, guilt or nervousness
- 2) Increased anger and frustration
- 3) Moodiness
- 4) Depression
- 5) Increased and decreased appetite
- 6) Racing thoughts
- 7) Nightmares
- 8) Problems concentrating
- 9) Trouble learning new information
- 10) Forgetfulness
- 11) Increased frustration and irritability
- 12) Overreaction to small things

When stress does occur, it is important to recognize and deal with it by seeking avenues for reducing one's stress. The Regional Medical Officers can be consulted for specific stress reduction techniques.

- - - - - Culture Shock and Adjusting to a New Post- - - - -

Most people eventually experience what is known as culture shock. Foreign lifestyle can challenge your everyday expectations, and it can take as long as 4-6 months to adjust to a new environment. Many people can recognize general irritations with local living conditions while others may undergo a fairly severe psychological crisis in adaptation after a few months. For example, living without electricity for periods of time occurs frequently in this country and many Americans have never had to deal with this problem while living in the US.

One way to cope with these changes is to learn about the new area, participate in social and cultural experiences and be flexible in your expectations. It's helpful to talk with others who have recently moved here. Spouses are encouraged to join English-speaking groups such as the American Malaysian Association or the Malaysian Cultural Association or Sports groups to learn and gain support from other ex-pats who have lived here and to become involved in the community. The CLO can assist in reaching out to the community.

Children deal differently with culture shock, sometimes offering disciplinary challenges, having school problems, sleep disturbances, or inappropriate behavior. Adults may experience other emotions, and as tensions increase,

marriages can become strained as everyone tries to adjust to the new culture and lifestyle. It is important to seek assistance when necessary to understand these issues and improve one's coping skills.

Many people assigned overseas are surprised and dismayed to discover that the effects of cultural differences can result in feelings of disorientation that range from subtle symptoms to more alarming levels of reaction. These responses may be evident in employees and their dependents regardless of the number of previous overseas tours, and despite their obvious positive anticipation for working and living in a foreign country.

Signs and symptoms include:

- 1) Vague feelings of being lost in a strange environment.
- 2) Feelings of frustration and anxiety within six months after arrival.
- 3) Feelings of overwhelming need to isolate oneself from the environment or setting of assignment.
- 4) Experiencing feelings of hostility and aggressiveness towards the host country and its culture.
- 5) Rejection of host country's cultural values, beliefs and assumptions while comparing them unfavorably to that of American way of life.

Additionally, the CLO has a number of books on Malaysian topics. In general, knowledge about aspects of Asian culture serves "to explain" our environment, and may lead to a better cultural adjustment and appreciation. The MO, RMO/P and CLO office staff are available for assistance.

Depression

Individuals may manifest transient responses to the adjustments of living and working in a foreign environment or to real external losses by "feeling blue" or "down in the dumps". However, it is necessary to recognize situations in which a more serious clinical depression occurs. People with clinical depression have a number of symptoms nearly everyday, for at least 2 weeks or more. The symptoms associated with this condition *always* include at least *one* of the following:

- Loss of interest in things they used to enjoy.
- Feeling sad, blue or down in the dumps.
-

At least *THREE* of the following symptoms will also be experienced:

- Feeling slowed down or restless and unable to sit still.
- Feeling worthless or guilty.
- Increase or decrease in appetite or weight.
- Thoughts of death or suicide.
- Problems concentrating, thinking, remembering or making decisions.
- Trouble sleeping or sleeping too much.
- Loss of energy or feeling tired all of the time.
-

With depression, there are often other physical or psychological symptoms, including:

- Headaches
- Feeling pessimistic or hopeless
- Other aches and pains
- Being anxious or worried
- Digestive problems
- Sexual problems

Varying degrees of depression are common but too often the symptoms of depression are not recognized as such and this often delays the necessary treatment. Early diagnosis of depression and prompt intervention is critical for successful

outcomes. Depression is treatable and early intervention can save lives. Contact the Health Unit or Regional Psychiatrist to do the initial assessment and determination of the appropriate treatment.

----- Alcohol and Substance Abuse-----

Alcohol

Alcohol abuse or alcoholism is a recognized disease of dependency and is known everywhere including the Foreign Service. All alcoholics' abuse alcohol, but not all alcohol abusers have the uncontrollable disease of alcoholism. Unfortunately, alcoholics can spend years denying there is a problem and never see themselves as others do.

Alcoholism is a chronic disease with genetic, psychosocial, and environmental factors that influence its development. The disease is progressive and is fatal, if not treated. Distortions in reality, decision-making, and family life can disrupt the most secure situations. Most family members and close friends can see the progression of the disease although the alcoholic believes no one notices changes in behavior. If you suspect that a friend has a problem with alcohol abuse, confront them and encourage evaluation of this disease/problem. Enabling an abuser by covering his actions provides him/her with more reason to continue this behavior. The Health Unit can provide private consultation to discuss this issue with any member of any family.

The Health Unit offers a range of confidential information for anyone needing assistance or needing to join a local AA chapter. In addition, the Medical Officer can help alcoholic patients find individuals in the community that could serve as a "sponsor" whether at work or in the community. The Office of Medical Services Alcohol and Drug Abuse Program or ADAP is a comprehensive screening and referral program designed to help the individual with substance abuse issues get well and be able to continue their careers. They can be contacted through their direct number or through the Medical Unit.

Drug Abuse

It is the goal of the State Department to provide a department-wide drug-free workplace. Our conduct reflects that of the US Government, and as a result, it is our responsibility to avoid the involvement with illegal drugs and those involved in drug-related activities. The use of marijuana, opium, cocaine, heroin and other illicit drugs is hazardous to your health, and it is against the law! Use of any illegal drug by any person with a diplomat or official passport is an abuse of status and violations are dealt with severely. Loss of medical and/or security clearance and formal disciplinary action will be taken. Individuals who present themselves voluntarily to the medical unit for treatment of drug abuse will be offered compassionate professional and confidential help. Voluntary requests for assistance of abuse can prevent formal disciplinary action if requested early and with sincerity in seeking help. Additionally, any student or dependent involved with drugs will be required to receive appropriate counseling either locally or in the US.

Alcoholics Anonymous (AA)

AA is one of the best resources available. This organization is made up of "experts" because each person in the organization knows the problem intimately. They also know the solutions—AA has the best "track record" in the field for effective control of the problem. The State Department has a very active Alcohol Awareness Program, and a variety of programs are available for employees or dependents who need them. Confidentiality is assured by both approaches, and a lot can be done to make a person's life better.

Alcoholics Anonymous Foundation of Malaysia
Tel: 2078-0564

Alanon Family Support Group
St. Andrew's Church (Weds) 9286-2101

St. Andrew's Church also has English speaking AA and NA groups on various days of the week in the evenings.

Alcohol and Drug Awareness Program (ADAP)

The Alcohol and Drug Awareness Program (ADAP) is a diagnostic and referral service of the Office of Medical Services. It is a medically confidential service. The individual who seeks help for substance abuse is assured the same medical

confidentiality accorded those who seek help for other diseases. The individual's diagnosis and treatment plan become part of their medical record, not part of their personnel file. By federal law, counseling and/or treatment are in no way prejudicial to job security or promotional opportunities.

Individuals serving overseas historically have had to deal with the possibility of addiction to alcohol and more recently to other drugs. People in the Foreign Service enjoy no magical immunity from addiction. The Foreign Service is a microcosm of the general population and therefore the statistics that prevail nationally apply.

Addictive use of alcohol or drugs is a progressive phenomenon and the individual often is the last person to know, or admit, that a problem exists. Self-referral for assistance is therefore not the most frequent mode for intervention. Instead, intervention is more likely to be activated by a spouse, loved one, or supervisor. Statistics both nationally and within the Foreign Service indicate the leverage possessed by a supervisor can have a meaningful impact on the individuals becoming willing to abandon denial and admit to the need for help.

Alcoholism is the most prevalent of the addictions in the Foreign Service. However, the easy availability of illicit drugs overseas has seen a burgeoning problem of drug abuse among dependent children. Quick identification of the problem enhances the likelihood of recovery through medical evacuation, followed by treatment and appropriate post-treatment aftercare.

In all cases of medical evacuation for alcohol or drug dependency, whether the patient is an employee or dependent, the issue of clearance to return overseas will depend on treatment outcome, the commitment to recovery of the individual, and the availability at post of regularly scheduled English-speaking AA groups and other support services.

Effective intervention and professional treatment have resulted in hundreds of Foreign Service people returning to the professional mainstream in full command of all their powers.

-----**Family Advocacy Program**-----

The Family Advocacy Program provides a forum for addressing issues in the family relating to child abuse or neglect, as well as abuse of the spouse or other dependent family members. It is meant to facilitate the identification, treatment, and disposition of those children who are victimized and to allow for the legal investigation of the alleged perpetrator. Its goals are to protect the safety and health of children and family members and to provide suitable counseling and treatment while maintaining family integrity. The program also seeks to protect the employee's career and reputation by following prescribed guidelines for action in dealing with such advocacy issues. See 3 FAM 1811. The authority for this rests in the Crime Control Act of 1990 which specifically mandates that certain professionals in federally operated facilities report cases of actual or suspected child abuse or neglect to a designated law enforcement agency, specifically the office of Diplomatic Security. Health Unit Staff fall under this mandate and *MUST* report suspected child abuse or neglect.

The designation of a Family Advocacy Officer (FAO), usually the DCM, allows for the necessary coordination of systematic procedures for investigation of such cases. The other members of the Family Advocacy Team (FAT) responding to such allegations are the Regional Medical Officer (RMO), Regional Psychiatrist (RMO/P), Medical Officer (FSHP), and the Regional Security Officer (RSO).

Health Unit Staff members will consult with MED and physicians in the mental health division when dealing with these suspected cases.

Reporting and Investigating

Observation and reporting of abuse or neglect is a serious consideration and all Foreign Service employees should be aware of this possibility. Any reporting should be done in confidence to the Family Advocacy Officer. He will conduct a confidential and professional investigation to include discussion with the involved parties. This investigation will determine the need for medical treatment, counseling or other family service. The investigation should be conducted within 30 days and proper legal rights are observed for those involved. If the confidential investigation determines that there is no basis for concern, all files related to this are destroyed. If abuse or neglect is in fact confirmed, a recommendation is made for treatment at post or in another location.

Treatment

Treatment is directed toward keeping the family unit intact and preventing further abuse. This may include emergency Medevac or repatriation to the US. Family Advocacy issues are delicate and serious. Honest concern for all persons involved is the only basis for reporting and investigating these accusations. The Family Advocacy Officer at Post or the Regional Psychiatrist is the Regional Medical Officer in control of these issues.

- - - - -Children with Special Needs- - - - -

A child may be identified as having issues related to learning by a parent or by teachers. These children are then eligible for receipt of Special Needs Allowance which will facilitate the evaluation, diagnosis and management plan specific to the child's needs. Each special needs child and their family will have in place a caseworker based in Washington at Employee Consultation Services. Many of these children have been evaluated and diagnosed in Singapore, but occasionally, dependent upon the situation, it may be best to receive the evaluation in Washington. The RMO/P can provide additional guidance on resources and allowances available to families with special needs children. Parent with Special Needs children are encouraged to contact the school directly to assure that they have the facilities and personnel necessary to meet the child's educational needs. All children on a special needs allowance are asked to see the Regional Psychiatrist when he/she visits post. Renewals of medications used to treat these conditions can be provided by the post Medical Officer. Please discuss with the Medical Unit staff. The Special Needs Education Allowance needs to be renewed annually by a parent contacting the child's case worker at ECS in Washington. (SEE PAGE 4 for contact information).

- - - - -Physical Examinations and the Medical Clearance Process- - - - -

Examinations at Post – At post, the Medical Officer can perform these exams up to one year prior to departure. The Medical Clearances Office now requests that individuals utilize the Medical Clearance Update form for medical clearances for those with existing Class 1 and Class 2 clearances. This form (DS-3057) can be accessed on eForms. The form used for the complete physical for people over the age of 11 is the DS-1843 and the form for those under 11 is the DS-1622. It is best to fill all Physical Forms electronically and send them directly to the Medical Officer at post. Be sure to send these with read/write capability so the medical officer can complete them and print them out for your signature before faxing them to Washington.

Routine Physical Exams

Periodic well child exams are recommended for children. School exams, pre-scuba health assessments and college admissions health forms can be completed with a scheduled appointment with the Medical Officer. Annual women's health exams and adult physicals can be scheduled by phoning the Medical Unit at x 4880. Make sure you indicate that you are seeking an appointment for a physical so that adequate time can be allotted for the appointment.

Physical Exams in Washington DC

Physical Exams can be done in the State Department Examination Clinic on patients **six years and older**. Since the summer schedule is the busiest, appointments should be made at least 90 days prior to departing Post. Appointments can be made according to your own schedule and preferred dates by logging on to MED exam clinic.

The **mission** of the Exam Clinic is to issue accurate, timely clearance recommendations in a patient friendly manner based on a synthesis of data gleaned from the complete physical exam, the medical history, relevant laboratory and radiologic studies and information from specialist and primary care providers. The **purpose** of the clearance process is to identify medical and psychological conditions and to ensure that those conditions can be handled at the assigned post.

REMINDER: The examinations process requires 3 days. The first appointment is for screening and laboratory work, and the second appointment two days later is for the physical exam. ***Please bring copies of your medical records with you to your visits.***

Med Washington Exam Clinic Hours: 08:00 – 16:30 Monday through Friday.

Appointment Request

To make an appointment for a clearance physical, call the Exam Clinic at (202) 663-1779 or (202) 663-1782 or click on the link below to email an appointment request. (This is the Intranet address accessible only from a DOS computer).

http://med.state.gov/appointment_request_portalx.htm

All direct-hire participating employees and their dependents are required to receive medical clearance every two years or at the end of a tour, whichever is longer. It is the employee's responsibility to obtain his and his dependents' medical clearances. Persons being reassigned to Washington DC do not need a medical clearance exam but can have a health promotion physical exam done in the State Department Medical Clinic or the Post medical unit.

Individuals may elect to do the Medical Clearance Update instead of the full physical exam. This is done by using the DS-3057, found on e-Forms. This option is best reserved for patients with a stable Class 2 medical clearance, for those with Class 1 medical clearances, and for those who have received their care at the Medical Unit. The Medical Officer may recommend that the full physical be completed as a result of a newly diagnosed medical condition or a new concern. If so, all expenses associated with the Medical Clearance will be born by the Officer of Medical Services, after the individuals' insurance company is billed.

Exams for New Dependents

Any new dependents by marriage, birth or adoption need a physical exam for Medical Clearance within 90 days. This will insure coverage under the sponsor's medical plan. Failure to do this may result in forfeiture of medical benefits under the State Department's Medical Program.

Separation Exams for a 21 year Old Dependent

On their 21st birthday, dependent children are no longer covered under the Department's medical program and are required to complete a separation medical exam. This should be initiated 90 days prior to the birthday. Any medical conditions should be documented in the medical record. If the exam is not completed, any further medical claims are automatically waived.

-----Living in Kuala Lumpur-----

Climate

The climate is equatorial with uniformly high daily average temperatures of 88 degrees and relative humidity. The maximum temperature for each day occurs in the afternoons and the lowest temperature just before dawn. The cooler months are: November, December and January during the Northeast monsoon. Relative humidity is highest at night, and in the early hours of the morning; shortly before sunrise it often exceeds 90 percent. On dry afternoons, it is usually around 65 percent.

Rain falls all year round, but tends to be most copious during the first half of the Northeast Monsoon, from November to January. July, during the Southwest Monsoon, is the month with the lowest average rainfall. Much of the rain falls in sudden showers. Thunderstorms occur frequently during the inter-monsoon months of April-May and October-November. Fierce lightening is present during these times and it is essential to be aware of the dangers of lightening.

Lightening: Malaysia and Singapore have the highest number of lightening strikes in Asia. It is important to educate your children to go inside a building if it is lightening. Alternatively, go inside a car. Do not remain outside when it is lightening! If you are swimming, get out of the pool at the first sound of thunder. Remain in a sheltered area until the lightening storm is over.

Some Health Tips on Your Posting to Malaysia:

- The beaches are beautiful, but remember that swimming in unknown waters can bring potential health risks with coral, sea urchins or other dangers.
- It's important to always use sunscreen since there are no quick fixes for sunburn.
- To prevent dehydration, drink eight ounces of water every hour during the day, especially while in the sun. Rehydration drinks are available such as 100 Plus and other sports drinks. It is good to have these on hand for beach outings. Products such as Gatorade may help replace the electrolytes lost by dehydration. Powdered Gatorade can be ordered on line, and added to bottled or filtered water at post. Since caffeinated beverages increase the need to urinate, soft drinks or coffee are not recommended to replace fluids. Plain water should be consumed as well as this will prevent dehydration in the first place.
- Adjusting to the humid climate will take about 6 weeks. Fatigue is common due to the stress of moving and adjusting to the new changes in lifestyle.
- Try to refrigerate foods immediately since bacteria will grow more quickly at room temperature. Defrost foods in the refrigerator or microwave instead of on the counter top. Consider keeping a cooler in the car to transport frozen foods since traffic can slow the ride home from the store.
- During the rainy season, the high humidity can lead residents to complain of allergies and other respiratory conditions. Window air conditioners can collect mold and send it blowing through the home. Keep AC filters cleaned in the home, and when driving, use the air conditioner in the car to help control the allergens that cause respiratory problems. Discuss how to clean filters in your air purifier and water filter with GSO staff.

Sunburn - Always use sunscreen and a hat when on the beach and protect your children's tender skin. Try to get into the habit of putting sunscreen on your face and exposed areas every morning! It is important to use sunscreen whenever you will be outside for more than 15 minutes in an un-shaded area.

-----Vaccine Preventable Diseases -----

DIPHTHERIA, PERTUSSIS AND TETANUS

Diphtheria and pertussis are endemic diseases in many Southeast Asian countries and tetanus is ubiquitous worldwide. Children should be fully immunized against diphtheria, pertussis and tetanus by receiving three separate doses of the DPT vaccine at 2, 4 and 6 months of age as outlined in the chart on page 23. A booster is administered at 15-18 months and again at 4-6 years of age. Children over the age of 7 and adults should receive the adult preparation of tetanus and diphtheria with added pertussis (ADACEL) with boosters recommended every 10 years (Td).

HEPATITIS A

Hepatitis A is a serious viral infection of the liver transmitted by fecal contaminated food and water. Symptoms include fever, lethargy, and nausea followed by jaundice. The Hepatitis A vaccine (Havrix) is recommended for all people living abroad. The adult vaccine (Havrix) consists of 2 jabs 6 months to 1 year apart and will give immunity for up to 10 years. The children's vaccine (Havrix Jr.) is recommended for ages 1-15 years. It is a 3 shot series with the first 2 injections given 1 month apart and the third injection given 10-12 months later.

HEPATITIS B

Hepatitis-B is transmitted through contact with contaminated needles or blood products, or through sexual contact with an infected person. It differs from Hepatitis-A, which may be contracted through unsanitary food preparation or other means. Hepatitis-B is considered more difficult to treat, and has long-term adverse effects; the vaccine is the only effective means of preventing this potentially-deadly disease. M/MED recommends the vaccine for all overseas employees and their families. The US public health service has incorporated Hepatitis B as part of the basic infant immunization program

The schedule for the adult and children's vaccinations are the same. It is a three shot series with the first and second shot given 30 days apart, and the third shot given six months after the first. Members of groups at high risk for Hepatitis-B- including medical workers, non-immune spouses and children of Hepatitis-B carriers, workers in refugee camps and those that are sexually active with potentially-infected persons—are strongly urged to be vaccinated, especially if they travel widely in Southeast Asia.

HAEMOPHILUS INFLUENZAE TYPE B (Hib)

Haemophilus influenzae type b is a bacterium that can cause meningitis and epiglottitis in children under the age of 5 years. Hib vaccine is given to prevent such infections and is recommended as a routine childhood immunization. Hib vaccines (HibTITER and ActHIB) are given at 2, 4 and at 6 months with boosters at 12-15 months.

JAPANESE B ENCEPHALITIS

Japanese Encephalitis (JE) is an acute viral infection affecting parts of the brain and spinal cord. There is no specific treatment, and the infection can be fatal. The disease is transmitted by rice paddy-dwelling Culex mosquitoes which feed on infected animal hosts, principally pigs and birds, but also will bite humans ("alternate hosts"). JE is present in China, India, Nepal, as well as in Southeast Asia. The risk of infection is low for short term travelers and persons who live or travel in urban areas. The vaccine is unavailable in the Medical Office. It is manufactured in Japan and is not licensed in the US. At present it is not necessary for ordinary resident expatriates to obtain this vaccination while stationed in Kuala Lumpur.

TYPHOID FEVER

Typhoid fever is an acute infection caused by the bacteria *Salmonella typhi*. *S. typhi* only infects humans; so all cases of typhoid fever are transmitted, directly or indirectly, from the stool or urine of another infected human. Typhoid is usually transmitted directly from contaminated food or water. Food can be contaminated by fertilizers, the water used to wash or prepare food, contact with contaminated human hands, dust, and by flies. At first, the number of organisms on the food or in the water may not be enough to cause disease. The body can fight small amounts of the bacteria. But under optimal conditions, the organisms can multiply in food and milk, forming enough numbers to cause infection.

Typhoid symptoms vary tremendously from person to person. The infection starts as a flu-like illness with fever, chills, headache, sore throat, cough (less common), achy joints, and tiredness. Symptoms progress over the next several days, and temperatures rise into the 104° F range, with peaks in the afternoon and evening. Most individuals with typhoid have abdominal pain and either constipation or diarrhea (constipation is more common in adults). Without treatment, the mortality rate can be as high as 30%. The diagnosis of typhoid is confirmed by finding *S. typhi* organisms in the stool, blood, or bone marrow.

To prevent typhoid, get immunized, and pay careful attention to the quality of the food you eat and the water you drink. Typhoid vaccines provide reasonable protection in most circumstances but are not very effective against heavily contaminated food or water. The vaccine is available in the Health Unit and it is recommended it be repeated every 2 years. *S. typhi* in water is killed by heating to 135° F, chlorination, and iodination. In food and milk, the bacteria are killed at the same temperature, but the food must be heated uniformly for several minutes. The best treatment as always is prevention. Control flies by screening, spraying with insecticides, and using insecticide baits and traps. Control flies breeding by frequent collection and disposal of garbage.

- - - - -Immunizations- - - - -

Upon arrival in the new Post, the Health Unit will audit and update your medical file, including immunization records. If any of the required immunizations are incomplete, a schedule will be set for you to receive them. Listed below are some of the immunizations that may be discussed with you.

DTaP - Contains vaccine for Diphtheria, Tetanus and Pertussus. Primary immunization consists of 5 shots. Adults should receive booster shots for Diphtheria-Tetanus and Acellular Pertussis (every 10 years. Children age 11-12 are due for boosters.

Hepatitis A The CDC recommends this immunization starting at age 1 with the second dose 6-12 months later. This disease is usually contracted from contaminated food and water.

Hib vaccine protects your child from common childhood infections caused by the hemophilus bacteria which may cause a form of meningitis.

Hepatitis B vaccine is recommended for all persons since it is more common in developing countries. The medication is given in a 1, 2 and 6-month interval starting one day after birth. The infection is spread through contact with the virus directly from an infected person. Contact with infected blood or through sexual activity is the most common types of transmission.

Influenza Vaccine is offered annually with the Northern Hemisphere vaccine. In the Spring, occasionally the Southern Hemisphere vaccine will be offered, if available.

Measles, Mumps, Rubella vaccine (MMR) is recommended at 12-15 months and again at 4-6 years.

Meningococcal vaccine protects against meningitis. It is recommended for all school-aged children and repeated every three years.

IPV (Polio Vaccine) is given at 2 months, 4 months, and at 6-18 months and a fourth immunization at 4-6 years of age.

Pneumococcal vaccine (PCV) is recommended in a schedule similar to the DPT in newborns. Four doses are given at 2, 4, 6, and 12-15 month intervals. This vaccine resists the invasion of the *Streptococcus pneumoniae*, which can cause severe pneumonia as well as meningitis.

Rabies vaccine is not given routinely in Malaysia as there has not been a case of rabies here since 2000. There is no rabies in Peninsular Malaysia.

Rota Virus is a vaccine for young infants to protect them against a particularly violent type of diarrhea that can rapidly lead to severe dehydration and death.

TB Skin Tests are recommended annually. A positive TB result only reveals that you have been primarily exposed to TB and does NOT mean that you have active TB. Persons who convert from negative to positive results should be evaluated for short term anti-TB treatment.

Typhoid is a bacterial infection related to ingestion of contaminated food or water. Vaccination by injection is recommended for people assigned to Malaysia.

Children Immunization Schedule

2 months	Hepatitis B, DTaP, IPV, HiB, PCV, Rota
4 months	Hepatitis B, DTaP, IPV, HiB, PCV, Rota
6 months	DTaP, HiB, PCV, Rota
12 months	Varicella (Chickenpox), MMR, Hepatitis B, HiB, Hepatitis A
15 months	DTaP, IPV, PCV
18 months	Hepatitis A
4-6 years	DTaP, IPV, MMR, Varicella
11-12 years	Tdap, HPV (3 doses for girls) MCV4
Every three years	Meningitis for school aged children through college. (MCV4)

-----HIV/AIDS-----

The HIV prevalence rate in Malaysia is Estimated HIV prevalence per 100,000 population is approximately 26.4 from 2003 figures. It is approximately 1% of the adult population (UNICEF, 2006). 37.4% of the reported HIV cases were in adults between the ages of 20 – 29. The HIV virus is contracted through blood products and sexual intercourse, not through casual contact. Condoms are highly recommended and information regarding this and other types of Sexually Transmitted Illnesses (STIs) are available in the Health Unit.

HIV/AIDS in the Workplace: In 2001, the Department issued a workplace policy for all missions, regardless of the prevalence of the disease in specific sites. The policy addresses several aspects of the problem.

- No Locally Engaged Staff employee or candidate for employment is to be tested for HIV as a part of the requirements for work – American applicants for Foreign Service positions are still tested to insure that all are worldwide available.
- Locally Engaged Employees are encouraged to know their own HIV status through voluntary counseling and testing, but there is no obligation to share that information with the Embassy. Strict confidentiality will be observed when information is shared. All attempts will be made to lessen the stigma that is part of HIV/AIDS.
- The missions are encouraged to insure that its employees are educated as to the nature of the disease and its means of prevention. Condoms are available and free of charge.

Prevention: Abstinence or having a single sexual partner of known HIV negativity is the only way guaranteed method of HIV prevention. Condom use (not 100% effective) is the next best option to prevent the transmission of HIV.

Post Exposure Prophylaxis (PEP): Contracting HIV from an occupational accident (e.g., a health care worker being stuck by a needle), trauma (e.g., a traffic accident where blood from one person mingles with blood of another). The risk of contracting HIV from a sexual attack or consensual sex with a person of unknown status is low. Nonetheless, your risk of infection from this can be lowered by the rapid administration of certain anti-HIV drugs. Should you, or a member of your family be possibly exposed to HIV, call the Health Unit immediately and discuss the problem with the doctor or nurse. When in doubt, call!

Hotlines for HIV

Center for Disease Control and Prevention (CDC) 800-342-AIDS
University of California, San Francisco
PEP questions 888-HIV-4911

Your health unit staff can provide the confidential information you desire or arrange HIV testing. Please do not hesitate to call the HU to speak with a professional regarding your concerns.

-----Walking Blood Bank-----

In the event of an emergency where blood may be required, a “walking blood bank” is available through the embassy community. If extra blood is needed, the local private hospital blood bank can facilitate this process. The blood bank volunteers may be called upon if someone in the mission requires blood. You may be excluded from the donor list for the following reasons:

- * Have a history of hepatitis
- * Have a persistent cough
- * Have had a diagnosis of malaria
- * Are currently taking medications for chronic disease or acute illness
- * Have received blood products in the past
- * Are currently pregnant
- * Have a current diagnosis of cancer, blood disease or blood disorder or insulin requiring diabetes.
- * Have a risk for contracting HIV, have had unprotected sex within the past 3 months with someone of unknown HIV status, or have used illegal IV drugs.

-----Domestic Employees-----

The personal health of your household employees is important to you and your family. They handle food, assist in childcare and work within your home. A general assessment of health, chest xray and stool sample will rule out communicable diseases such as parasites, amoebas, hepatitis and TB. The State Department Medical Program does not provide for the medical care of household employees, but the Health Unit can assist you suggesting tests and interpreting the results should you desire testing for your employee.

Once you have hired your domestic worker, please provide the necessary items to encourage good hygiene. Domestic employees should be carefully instructed and supervised in proper personal and household cleanliness, including procedures such as food preparation and handling, and dish washing. You may wish to repeat instructions frequently and make sure they are understood and correctly carried out. Finally, soap and clean towels should be provided for the frequent and thorough hand washing necessary in the kitchen. Watch your domestic employees for signs of cough, weight loss, or unkempt personal appearance as signs of possible medical problems. Encourage medical attention if needed.

Physical examinations for all servants before employment are required by Malaysian law. This is due to the prevalence of intestinal disease, tuberculosis and other infections. The initial examination generally includes a general physical examination, stool examination and chest x-ray. These examinations must be performed at private facilities. In addition to the regular examination, the servants' quarters should be inspected periodically by the employer. The need to avoid overcrowding is imperative. Only the employees should occupy the quarters.

----- **-Check List for Kitchen Staff-** -----

- Ask that your staff report all illness, e.g. fever, vomiting, diarrhea.
- The most important single factor in maintaining a healthy household is to insist that all occupants wash their hands before handling food and before eating. A brush should be provided so that they can scrub their hands with soap and water before starting any type of food preparation, and/or serving.
- Scrupulous **insect control** is vital for maintaining a healthy environment. Routine spraying and meticulous cleaning up of bugs once they are killed is mandatory.
- **Washing dishes** in the dishwasher is the most sanitary way to clean them. If unavailable than wash dishes in hot soapy water. Rinse thoroughly with running water and allow to air dry. If a towel must be used, it should be a clean towel
- **Storage of food:**
- Food must be covered at all times. When a meal is to be delayed for short periods e.g. ½-1 hour, keep it in the refrigerator. This provides the best storage when a meal is to be delayed. Leftovers should be refrigerated promptly and reheated thoroughly before eating. Bottles and canned goods should be washed before being stored in the cupboard.
- **Preparation of food:** Handle food as little as possible. Use kitchen tools instead-e.g., ice tongs when putting ice cubes into drinks. All vegetables and fruits should be cleansed thoroughly in tap water. Keep animals and birds out of places where food is prepared. Use a different set of utensils for each type of food so as to prevent the transfer of bacteria from raw to cooked food. Perishable foods-meat, fish, vegetables-require special attention to discourage the growth of bacteria. They should be refrigerated until required for use, as low temperature will retard bacteria growth. Avoid re-freezing of thawed food and cook food thoroughly to ensure that all the bacteria are destroyed.
- **Garbage** must be emptied daily and never allowed to remain overnight in the kitchen. Garbage containers must always be covered. Do not leave dirty dishes or spots of food around the kitchen. Clean the stove to be certain it is free from grease and food particles. Keep floors and drain boards clean at all times.

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- - - - -Water & Food Preparation- - - - -

All embassy families are supplied with filtered drinking water. Water in Kuala Lumpur is generally safe to drink but is heavily chlorinated and has a very strong taste. Use the filtered water or bottled water for all “drinking” needs including making ice. Bottled water, fruit juices, carbonated beverages and beer are considered safe to drink anywhere in Malaysia. You can use regular tap water to brush your teeth. The Embassy water is tested annually on random specimens from the offices and homes.

Proper food washing and preparation for locally purchased foods is necessary to remove residue of fertilizer or pesticides. Wash fresh vegetables in tap water and then a final rinse in filtered water. In Malaysia, the most common reason for contaminated food is poor food storage and refrigeration deficiency.

Seafood



Seafood, particularly shellfish, can carry bacteria if they have grown or lived in contaminated water. It must be well cooked to destroy bacteria and possible hepatitis virus. Diseases commonly transmitted by shellfish are: typhoid fever, infectious hepatitis, and some types of dysentery. Eat only cooked fish and shellfish, unless sold by a reputable Japanese Restaurant.

Dairy Products

Dairy products in the large supermarkets are generally safe. Be sure however to examine the pack for cleanliness, for a statement of pasteurization and for date stamp. Never use dairy products if you are uncertain of their source and safety. In 2008 there was a major recall of milk products produced in China due to melamine toxicity for example.

Fruits and Vegetables

Most Americans find that Fruits and vegetables are safe to consume with some minimal preparation. They should be washed with tap water and scrubbed well. Then they should be washed in filtered water before being peeled or otherwise processed. It is a good practice to give a second rinse with the filtered water, especially for salads and other leafy vegetables that will be eaten raw. If you are concerned that the produce may be contaminated, use the following “recipe” to disinfect the produce before eating it.

➤ To clean fruits and vegetables, add 1 Tablespoons of household bleach to each gallon of potable (bottled) water and soak for 15 minutes.

Meats and Poultry: Poultry should be prepared on a cutting board used exclusively for meat. It should be adequately cooked so that no pink areas remain. Hands should be thoroughly washed with soap and water before and handling raw poultry. All meat should be well cooked.



-----Marine Hazards-----

Phylum Cnidaria Stings

AKA **Jellyfish** but they are not *really* fish

For the sake of familiarity, we will continue to call our fine Cnidaria friends, Jellies for the purpose of this article. Few marine creatures are as mysterious and intimidating as jellies. Ocean goers and beachcombers react with fear upon encountering this invertebrate, but many of them in many waters are completely harmless. Jellies occur in a wide variety of sizes, shapes and colors. Most are semi-transparent or glassy and bell-shaped. They measure from less than one inch to over a foot across the bell although some may reach 7 feet. The tentacles of some can reach lengths greater than 100 feet. Regardless of their size or shape, most are very fragile. They inhabit every major oceanic area of the world and are capable of withstanding a wide range of temperatures and salinities. Most live in shallow coastal waters but a few inhabit depths of 12,000 feet. They live between three and six months.

The adult jelly drifts in the water with limited control over its movements. It is, however endowed with muscles that allow it to contract its bell, reducing the space under it and forcing water out through the opening. This pulsating rhythm allows for some regulation of vertical movement. Because they are sensitive to light, this will descend to deeper waters during the bright sun of the midday and surface during the early morning, later afternoon and evenings. Despite their ability to move vertically, jellies depend upon ocean currents, tides and wind for horizontal movement.

Jellies are equipped with a specialized venom apparatus (cnidoblast) for defense and feeding. A capsule (nematocyst) inside the cnidoblast contains a trigger and a stinging structure. The sting structure varies according to species but generally consists of a hollow coiled threaded with barbs lining its surface. Nematocysts are concentrated on the tentacles or oral arms. A single tentacle can have hundreds of thousands of nematocysts embedded in the epidermis. Triggers of nematocysts are activated when contact is made with another object. The thousands of nematocysts act as a small harpoons firing into prey, injecting paralyzing toxins. Stings usually paralyze or kill only small creatures but some jellies are harmful to humans, thus this article. Jellies do not “attack” humans. Stings occur when swimmers or beachcombers come in contact with nematocysts. The severity of stings depends on the species of the jelly, the penetrating power of the nematocyst, the thickness of the exposed skin of the victim and the sensitivity of the victim to the venom. There are many species of stinging jellies in tropical and warm waters and the shores of Malaysia have a number of them.

Treatment of Stings:

Primary first aid for any jelly sting should be to minimize the number of nematocysts discharging into the skin and to reduce the harmful effects of the venom. If stung by a jelly, the victim should carefully remove the tentacles that adherer to the skin buy using sand, clothing, towels, seaweed or other available materials. As long as tentacles remain on the skin, they will continue to discharge venom. Some stings can cause muscle spasm and abdominal pain. Keep the victim calm!

A variety of substances have been used to reduce the effects of jelly stings. Meat tenderizer, sugar, vinegar, plant juices and sodium bicarbonate (baking soda) have all been used with varying degrees of success. Alcohol based products are NOT recommended as they stimulate the stinging cells and can increase pain and cause sever skin

reactions. Human urine also can cause a discharge of nematocysts and should not be used. Victims of serious stings should make every effort to get out of the water to avoid drowning.

After extensive research into this area, AND having had the rather frightening experience of having both my sons stung, complete with severe stomach cramping and shortness of breath, in a remote area of this country recently, I recommend the following first aid treatment in the following order:

1. **Get the victim out of the water. Remain calm!**
2. **Remove tentacles carefully so that you don't get stung as well!**
3. **Apply a liberal amount of vinegar to the affected area to neutralize the sting.**
4. **Give the child a chewable Benadryl. Look up the dose BEFORE you go to the beach or ask me! For large children, they may need two as they are only 12.5 mg per tablet.**
5. **Apply ice to the affected area.**

Prevention:

Take care when swimming in areas where dangerous jellies are known to exist or when an abundance of jellies of any type is present. Ask the local folks, or fishermen, what the current situation is, they will likely know. Keep in mind that tentacles of some species may trail a great distance from the body of the organism and should be given lots of room. Stings resulting from remnants of damaged tentacles can occur in waters after heavy storms. Be careful when investigating jellies that have washed ashore. They may be dead, but they can still inflict stings.

Rubber or latex skin-diving suits offer protection over covered areas. A product "Sea Safe" is available through Drugstore.com and allegedly prevents stings. It is water proof and is available with sun screen as well.

Seaside First Aid Kit:

Here is what is recommended to have in your First Aid Kit for beaches in Malaysia and Thailand:

1. Sunscreen of 30 SPF
2. Chemical cold packs that gets cold when broken open.
3. Benadryl Chewable tablets.
4. Vinegar or a product containing vinegar such as Summers Eve
5. First Aid Antibiotic Cream
6. Hydrocortisone cream for itching that can occur in the days following the sting.
7. Sea Safe Marine Sting Prevention lotion SPF 30 and Sea Safe plain.
8. Tweezers
9. A cloth carrier-bag to carry this stuff in.
10. Chewable Tylenol for pain management (again, know the dose BEFORE you need to use it!)
11. An Epinephrine Pen (EPI-PEN) (This is available by prescription only and those with children with allergies to stinging insects or who have had a hypersensitivity reaction to marine life in the past, should have one with them).

Most of these ingredients can be purchased at Drugstore.com or CVS.com or other on-line pharmacies. There may be local equivalents as well. Enjoy the lovely beaches of South East Asia and hopefully this new knowledge will help to keep you and your family members safe.

Marine exposure to jellies, men-of-war, sea urchins, fire coral, stingrays, eels and certain poisonous fish can occur while scuba diving and snorkeling. Protective footwear is recommended to prevent injury or disease.

----- Swim Safety-----

Drowning is the number one cause of death in children under the age of 4 in the United States. This is particularly true in Florida and California, states that have weather similar to Malaysia. SHEM and the Department of State Office of Medical Services urge caution around water at all times. Most beaches in Malaysia do not have trained life-guards. There should always be an adult that knows how to swim, present when a child is in the water. Never leave the child unattended, even for a second. All Embassy employees are encouraged to attend the Swim Safety Seminar which is held quarterly to learn what drowning actually looks like, and some basic drown-proofing and rescue skills.

-----Scuba Diving-----

Malaysia offers world-class scuba diving and Mission Employees who so desire, are encouraged to take advantage of this opportunity. Decompression sickness can occur even with the best divers, and through the training process, information is given to help recognize this situation, should it occur. There is one facility in Perak for the evaluation and treatment of Decompression Illness (DCI). Bring the victim immediately to your local emergency room. Medical providers can stabilize and sometimes treat an injured person before transporting to the hyperbaric facility. Information on that facility follows:

Dept. of Diving & Hyperbaric Medicine
Armed Forces Hospital
Lumut Naval Base
32100 Lumut
Perak, MALAYSIA

Web Site: <http://www.hatl.gov.my/divemed.htm>
E-MAIL: drhalimm@tm.net.my

Tel: 605-6837090 (ext 4071)
Fax: 605-6837169

Emergency: 605-9304114 (24-hr diving emergency hotline)
3-Compartment Drass Galleazzi 14-person Chamber
Contact: Maj (Dr) Halim Mohamed
Physician In Charge

Centre for Wound Care and Hyperbaric Medicine
(Hyperbaric Health)
16, Persiaran Greentown 1, Greentown Business Centre,
30450 Ipoh, Perak, Malaysia

There is a twin-lock 60" hyperbaric chamber.
The service is provided together with Hyperbaric Health (Australia)
www.hyperbarichealth.com

Physicians:

- 1) Dr Melanie Hew, MB BCh (Ire), Dip Reprod Med, Cert Underwater Med (Aust)
- 2) Dr Lee Chin-Thang, MB BCh (Ire), M.Med (OccMed), FFOM (RCPI), Dip DHM **MEDICAL DIRECTOR**

Contact: Chin-Thang.Lee@shell.com hyperbarichealth@gmail.com
Phone: +605 2426 237 or dial +605 C-H-A-M-B-E-R

Diving Physicians

Dr. Halim Mohamed MB.ChB, M.Med (Occ Med)
Email: drhalimm@tm.net.my

Dr Lee C.T.Chin-Thang Lee, MB BCh (Ire), M.Med.(Occ.Med), Dip.DHM
Contact: Chin-Thang.Lee@shell.com hyperbarichealth@gmail.com
Phone: +605 2426 237 or dial +605 C-H-A-M-B-E-R

Additional emergency assistance for diving accidents:

Divers Alert Network (DAN).....1-919-684-4326 (24-hour Emergency Hotline)
(DAN is available for consultations even if the diver is not DAN insured)

Diving Emergency.....1-800-NOBENDS

-----Common Medical Maladies-----

Coughs, colds and viruses are no different in Malaysia than in the US, and over-the-counter treatment is available at local pharmacies. If symptoms worsen after 3 days of home treatment, call the HU for evaluation.

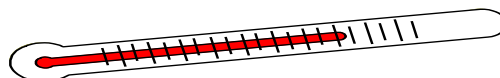
Colds and other respiratory or viral infections COLDS ARE NOT TREATED WITH ANTIBIOTICS. They need to run a course of approximately 7-10 days and can be treated symptomatically. Over-the-counter medicines such as Tylenol, Motrin and other cold tablets are available in local pharmacies and grocery stores and may be available in Guardian, Watsons Pharmacy or in the more popular expatriate shops like Cold Storage, Ampang Minimart and Hook Choon.

Coughs can be dry or productive and is a means of the body clearing your airways. Any irritant can cause a cough, such as allergens in the air, virus or bacterial infections or irritants. If a cough is accompanied by fever over 101, bloody, brown or green mucus, wheezing, shortness of breath, chest pains or symptoms lasting over 2 weeks, then medical intervention may be indicated. **Most coughs resolve in 7- 10 days without major treatment.**

Ear problems: pain in ears or hearing loss can be caused from wax buildup in the ear canal or from infection. **Debrox** is available in US pharmacies to soften earwax and help prevent wax buildup. Q-Tips are not advised since it can compact the wax causing impaction. Middle ear infections are more common in children and should be evaluated early.

Swimmers Ear is a common problem in Malaysia and can also occur in both adults and children. A simple solution of equal amounts of white vinegar and peroxide after swimming can **help prevent swimmers ear**. Put 4 drops of this solution into the ear upon drying off from the pool to prevent swimmer's ear.

Fever



A fever means the body temperature is above normal. A person has a fever if his/her:

- rectal temperature is over 100.4 degrees F (38.0 degrees C).
- oral temperature is over 99.5 degrees F (37.5 degrees C).
- axillary (armpit) temperature is over 98.6 degrees F (37 degrees C).

Fever is a symptom, not a disease. It is a normal response to infection. It is unusual for an adult to have a high fever, and they should be seen by a physician if they have a fever over 102 degrees F (39 degrees C). Most fevers with viral illnesses last for 2 to 3 days.

1. You can give any one of the acetaminophen products (Tylenol, Tempra, Paracetamol, Panadol) to children older than 2 months.

ACETAMINOPHIN (TYLENOL, PARACETAMOL, PANADOL):

Dosage: 4.5-6.8 mg/lb administered three times to four times per day, but not more than 5 doses in 24 hours:

Acetaminophen drops, elixir and tablets each come in different concentrations.

There also are variations in concentrations from one brand to another. **Always read the label and check the medication concentration and directions of the brand which you will be using.**

AGE	WEIGHT (POUNDS)	DROPS 80 MG/ 0.8ML+7% alcohol	ELIXIR 160 MG/5 ML	JR. TABS 160 MG
0-3 mon	6-11	0.4 ml		
4-11 mon	12-17	0.8 ml	1/2 tsp.	
12-23 mon	18-23	1.2 ml	3/4 tsp	
2-3 yrs	24-35	1.6 ml	1 tsp	
4-5 yrs	36-47	2.4 ml	1 1/2 tsp	
6-8 yrs	48-59	4	2 tsp	2 tabs
9-10 yrs	60-71	5	2 1/2	2 1/2 tabs
11-12 yrs	72-75		3 tsp	3 tabs

2. Aspirin should not be used for treating any viral illnesses in children under the age of 21 unless specifically prescribed by the Medical Officer or RMO. Aspirin has been associated with an uncommon but potentially deadly childhood illness called Reyes Syndrome. No such association has been demonstrated with acetaminophen.

3. After administering Acetaminophen or Paracetamol, you can also have the person with a fever sit in a normal bath which should be normal body temperature. Never put a person with a fever in a lukewarm or cool bath! A normal bath of 98.6 F or 37 C will bring the fever down. You will need to stay in the bath 20-30 minutes to have this effect.

4. Children: Your child should wear as little clothing as possible because most heat is lost through the skin. Do not bundle up your child; it will cause a higher fever.

<p>Seek Medical Attention Immediately your child displays these symptoms:</p>
--

- has a high fever and is less than 2 months old
- cries inconsolably
- difficult to awaken
- unable to swallow anything and is drooling
- has a stiff neck
- has a convulsion
- purple spots are present on the skin
- has difficulty breathing
- looks or acts very sick

Fever is a normal body response to a foreign invasion. A temperature under 100 degrees without other symptoms is considered NORMAL. Dehydration can also cause your temperature to rise. Increasing fluids and taking Tylenol can reduce the fever through re-hydration. Children should be monitored every 3-4 hours when ill. Take your child's temperature **using a thermometer** every 3 hours while taking Tylenol or Motrin. If a fever continues beyond 2-3 days after using the fluid replacements, medical advice may be indicated. Please note that a child may feel warm but not have a fever, so please document the temperature elevation with evidence of a reading.

FAHRENHEIT-CENTIGRADE CONVERSION TABLE	
FAHRENHEIT	CENTIGRADE
98.6	37.0
99.0	37.2
100.0	37.7
101.0	38.3
102.0	38.8
103.0	39.4
104.0	40.0
105.0	40.5

A FEVER OF THREE DAYS DURATION IN A CHILD IS DENGUE UNTIL PROVEN OTHERWISE!

Food Poisoning is caused from toxin buildup in contaminated foods. Poor refrigeration, under cooking, improper handling, storage and re-heating can also cause these problems. Symptoms occur rapidly with nausea, cramps, vomiting and diarrhea. See the diarrhea protocol for treatment of food poisoning using the re-hydration recommended for 24 hours then advancing to the BRAT diet. (Bananas, well-cooked soft Rice, Applesauce and Toast).

Headaches are frequently caused by dehydration and sun exposure. Muscle tension, vascular and sinus headaches can be treated with analgesics such as Tylenol or Motrin. Seek medical attention if the headache is accompanied by facial pain, fever, visual disturbance, and stiff neck.

Heartburn is caused by irritation of the stomach lining. Certain foods, alcohol or stress can be responsible factors. Antacids or Pepto-Bismol can be helpful. Over the counter medications such as Pepcid or Tagamet can also help reduce stomach acid production when taken at night. If heartburn persists, medical attention is advised.

Low Back Strain can occur with any minor injury, as a result of poor physical condition or incorrect posture. Immediate care to an injury requires application of ice to the affected area for 20 minutes each hour. After the first 24 hours, heat application may be more comforting to release the tightened muscles. Bed rest is not recommended because muscles can tighten more if not utilized, causing more pain.

Skin rashes are common in the tropics. Anti-fungal medication may be necessary to treat athlete's foot or ringworm infections. If left untreated, skin can break down leaving areas open to bacteria and infection. Reaction to local fruits

such as mangos, limes and lemons can also cause skin rashes. This is especially true if exposed to these fruits and then to the sun.

Sore throats are almost always related to viral infections. Congestion, headache, or coughs may accompany some sore throats. Use Tylenol for discomfort, lozenges, gargle with salt water, rest, and increase your fluid intake. If temperatures rise above 101, lymph nodes swell, swallowing becomes more difficult or hoarseness or difficult breathing occurs, seek medical advice. Most sore throats resolve in about 7 days.

----- Sun Exposure -----

Exposure to the sun in Malaysia, Bali and other places visited in this region is a constant source of danger. Sunburn is a common problem, but one that can be avoided by using adequate sun block of SPF 35 or greater. Sun block is much less expensive in the USA so you will want to bring a generous amount in your HHE. It is also possible to purchase shirts and swimwear that have an SPF factor of 30 or greater. Limit exposure to the sun as we are very close to the equator in these regions. It is important to wear sunglasses with UV 400 protective ability. Those with fair skin, should be even more diligent. If you or your family member receives a sun burn, it is important to treat the burn with a burn gel or with cold water. Ibuprofen can reduce inflammation caused by a sunburn. If there are skin changes that you fear may be caused by sun exposure it is essential that you schedule an appointment to be seen in the Medical Unit.

-----The MSG Syndrome-----

Monosodium glutamate (MSG) is a white crystalline substance produced in factories from fish residues. It is used to stimulate taste buds of the tongue. The local name is mei cheng and it is also very commonly called by a trade name Ajinomoto. Some individuals are sensitive to this substance and develop dramatic symptoms consisting of tingling and burning in the neck, face and chest, as well as a severe throbbing headache centering in the temples and around the eyes. Nausea and vomiting have also been reported. Symptoms usually appear within 10-20 minutes after the meal and last up to two hours.

No treatment is required. Individuals sensitive to MSG should avoid food seasoned with it. Almost all Chinese food is seasoned with this substance, you can ask any good restaurant not to add the MSG to your dish. Keep in mind that MSG is also used in many American, Italian and Mexican foods. The reaction is dose related and you may be able to tolerate a very small amount of the powder, say up to 0.4% of the total weight of the food, without experiencing symptoms.

----- Vector Borne Infectious Diseases -----

We are fortunate in that Kuala Lumpur has one of the highest standards of health care in the region and the Malaysian Ministry of Health and Ministry of Environment has enforced strict measures to control all infectious diseases. However, infectious diseases are ubiquitous and therefore immunizations and preventative measures are essential for maintaining health anywhere you live or visit. The diseases which are discussed in this chapter are those which are commonly encountered in Asia. We have listed the recommended schedule for children's immunizations on page 24. For the recommended immunizations for the region, please see chart on page 24. The schedule for boosters for these vaccinations can be found on page 24.

-----Dengue Fever-----

Dengue Fever, also known as "bone-break fever" because of the intense muscle and joint pain it causes, is a viral disease endemic to Malaysia. There are 4 different strains of dengue and all are present in Malaysia. The Aedes mosquito is the culprit behind ALL strains of dengue. Because a vaccine is NOT available to prevent dengue, the best way to avoid getting the disease is to avoid the mosquito. Aedes mosquitoes are most easily recognized by their

black and white striped legs. They are found in urban areas, often indoors, and are active during the daytime; their most active time being at sunset.

To prevent the aedes mosquito bite:

First: control the mosquito.

Ensure there is no standing water around your house. This could include, flower pot bases, gutters, drains, animal water dishes, construction sites or freestanding water in your garden. A capful of water is all that is necessary for aedes mosquito larvae to grow. A product to kill the eggs called Abate can be used in any freestanding water such as container plants. This is available through GSO or at hardware stores.

Second: protect yourself from the mosquito.

Have domestic help only open those windows with mosquito screens on them. When outside, wear long sleeves and pants and use insect repellent. Mosquito repellents containing N,N-diethylmetatoluamide (DEET) is now available locally in Kuala Lumpur. A common brand sold locally is "Off" but there may be other brands as well. This is safe and effective but please read the next section for the entire story on mosquito repellents, their use and safety. You can also obtain a DEET Stick from the Medical Unit which contains over 32% DEET.

Repellents

Permethrin-containing repellents (e.g., Permanone) are recommended for use on clothing, shoes, bed nets, and camping gear, and are registered by the U.S. Environmental Protection Agency for this use. Permethrin is highly effective both as an insecticide and as a repellent. Permethrin-treated clothing repels and kills ticks, mosquitoes, and other arthropods and retains this effect after repeated laundering. There appears to be little potential for toxicity from permethrin-treated clothing. The insecticide should be reapplied after every five washings.

The U.S. Environmental Protection Agency has registered several active ingredients for use in personal repellents applied to skin. EPA registration of repellent active ingredients indicates the materials have been reviewed and approved for efficacy and human safety if applied according to the instructions on the label. These active ingredients are DEET (N,N-diethylmetatoluamide), Picaridin (KBR 3023), MGK-326, MGK-264, IR 3535, oil of citronella, and p-Menthane 3,8-diole (Oil of Lemon Eucalyptus).

All the EPA-registered active ingredients have some repellent activity, but most authorities recommend repellents containing DEET (N,N-diethylmetatoluamide) as the most reliable and long-lasting. DEET repels mosquitoes, ticks, and other arthropods when applied to the skin or clothing. In general, the more DEET a repellent contains, the longer time it can protect against mosquito bites. However, there appears to be no added benefit of concentrations >50%. A microencapsulated, sustained-release formulation can have a longer period of activity than liquid formulations at the same concentrations. Length of protection also varies with ambient temperature, amount of perspiration, any water exposure, abrasive removal, and other factors. DEET-based repellents applied according to label instructions may be used with sunscreen with no reduction in repellent activity.

No definitive studies have been published about what concentration of DEET is safe for children. No serious illness has been reported from use of DEET according to the manufacturer's recommendations. DEET formulations as high as 50% are recommended for both adults and children >2 months of age. Lower concentrations are not as long lasting, offer short-term protection only and necessitate more frequent reapplication. Repellent products that do not contain DEET are not likely to offer the same degree of protection from mosquito bites as products containing DEET. However, a recent study reported by the EPA states that lemon oil repellent (such as that sold by Burt's Bees) is as effective as preparations containing smaller amounts of DEET (11% and less). Other types of repellents have not

been as thoroughly studied as DEET and so may not necessarily be safer for use on children. The recommendations for DEET use in pregnant women do not differ from those for non-pregnant adults.

DEET is toxic when ingested and may cause skin irritation in sensitive persons. However, because DEET is so widely used, a great deal of testing has been done, and over the long history of DEET use, very few confirmed incidents of toxic reactions to DEET have occurred when the product is used properly.

While DEET is very safe, the possibility of adverse reactions to DEET will be minimized if the following precautions are taken:

- Use enough repellent to cover exposed skin or clothing. Do not apply repellent to skin that is under clothing. Heavy application is not necessary to achieve protection.
- Do not apply repellent to cuts, wounds, or irritated skin.
- After returning indoors, wash treated skin with soap and water.
- Do not spray aerosol or pump products in enclosed areas; do not inhale the aerosol.
- Do not apply aerosol or pump products directly to the face. Spray your hands and then rub them carefully over the face, avoiding eyes and mouth.
- When using repellent on a child, apply it to your own hands and then rub them on the child. Avoid the child's eyes and mouth and apply sparingly around the ears.
- Do not apply repellent to children's hands. (Children tend to put their hands in their mouths.)
- Do not allow children <10 years old to apply insect repellent to themselves; have an adult do it for them. Keep repellents out of reach of children.
- Protect infants ≤ 2 months of age by using a carrier draped with mosquito netting with an elastic edge for a tight fit.
- Bed nets, repellents containing DEET, and permethrin should be purchased before traveling and can be found in hardware, camping, sporting goods, and military surplus stores. Overseas, permethrin or a similar insecticide, deltamethrin, may be purchased to treat bed nets and clothes.

Symptoms and Treatment of Dengue Fever

Dengue Fever is characterized by:

- Sudden onset of a high fever (39-40°C or 103-105°F)
- Severe headache
- Pain behind the eyes which worsens with eye movement
- Intense muscle and joint pains
- Nausea/vomiting
- A rash starting on the torso (It may start 3-4 days after the fever)

The symptoms start on the average of 4-6 days after being bitten by an infected mosquito but can appear from 3-14 days after being bitten. The fever continues for 5-6 days. It may go down after 3-4 days but then rises again just before the end of the illness. Persons with dengue fever cannot spread the infection directly to other people but can be a source of the dengue virus for mosquitoes for about 6 days or while the fever is present. The acute symptoms usually last 7-10 days but may take 2-4 weeks (or longer) to fully recover. Children often have less severe symptoms than adults.

There is no specific treatment for dengue fever. To treat the symptoms ensure plenty of bed rest, increased fluids (which may include intravenous therapy), and paracetamol (Tylenol/Panadol) to reduce fever and ease aches. Do not take aspirin or ibuprofen as they can affect bleeding tendencies and stomach pains.

There are two more serious forms of dengue, dengue hemorrhagic fever and dengue shock syndrome that require immediate medical attention. Bleeding disorders, liver and circulatory problems and shock characterize them. Symptoms include nosebleeds, bleeding from the gums, red pinprick spots on the skin and vomiting blood.

The good news: once you get one of the dengue strains, you become immune to that strain for life. The bad news: having dengue, even once, leaves you 100 times more susceptible to getting it again with a different strain. It is very important that you protect yourself from mosquito bites if you have ever had dengue. Because there are different strains of the virus, you can be infected more than once.

If you suspect that you or your children may have contracted dengue fever, please come to the Medical Unit or see a doctor at Gleneagles or Prince Court Medical Centre. There is a blood test can help diagnosis the disease. It is important to be seen early in the course of the disease for best diagnosis and care.

If you have any questions or need further information please feel free to contact the Medical Unit and we will be happy to help you.

Places to purchase mosquito repellent locally: Carrefour, Tesco, and Guardian Pharmacies.

Internet resources:

www.cvs.com

www.drugstore.com

www.rei.com

www.campmor.com

These last two sites sell clothing that repels mosquitoes as well as DEET containing repellents.

Malaria

Malaria is NOT a problem in Pennisular Malaysia and prevention of malaria by taking anti-malarials is NOT recommended here. Is has been reported in Borneo and Sabah and **IS** a problem in many of the surrounding countries in SE Asia such as Vietnam, Cambodia, Laos and Burma.

Malaria is an infection of the red blood cells caused by one of four different species of parasites carried to humans by mosquitoes. The most serious malaria type is *Plasmodium falciparum*, which rapidly progresses to coma and death. If you are travelling to a malaria zone, the Health Unit will discuss options for prevention with you. Make sure you schedule your pre-travel consultation at least 2 weeks prior to travel.

Using personal protection measures can further reduce the risk of malaria. Malaria transmission occurs primarily between dusk and dawn because of the nocturnal feeding habits of the Anopheles mosquitoes that transmit malaria. Reducing human-mosquito contact during this period can be achieved by remaining in air-conditioned or well-screened rooms. Aerosol insecticides, mosquito coils, and “electric mosquito mat plug -ins”(that diffuse an insect repellent), may be used in rooms where mosquitoes are found. Use of mosquito nets, preferably impregnated with permethrin, and application of topical insect repellents containing DEET to exposed skin can further reduce the risk of mosquito bites.

Any person with a febrile illness who lives or has traveled in a malarious area should seek medical assistance immediately. It is imperative that a “malaria smear” laboratory test be taken before you begin treatment for malaria.

Symptoms

Malaria can resemble many viral infections such as influenza. Fever may persist for several days accompanied by headache, muscle aches, abdominal pain, and malaise. The classic malaria symptoms of chills, shivering, high fever, and sweating may not occur. In infants, the presenting signs of malaria can be subtle and quite variable, and may include poor appetite, restlessness, and lethargy.

Prevention

There are two ways to prevent malaria. Avoid mosquito bites and take your malaria prophylaxis. If you are bitten by an infected mosquito and have taken preventive medication, you are less likely to become infected. If you are not bitten, you will not become infected. Although it sounds simplistic, prevention can be highly effective. For the disease of malaria, prevention is two fold. .

Preventive measures include:

- ✓ Avoid outdoor activities at night when possible. The mosquitoes that transmit malaria are primarily active (biting and feeding) from dusk to dawn.

- ✓ Remain in well-screened areas at night. When screening is inadequate, sleep under a “tucked in” mosquito net. When traveling in the country, this may mean that you carry a mosquito net with you.
- ✓ When outdoors at night, wear clothes that cover most of the body, such as long-sleeve shirts and pants.
- ✓ Apply insect repellent containing about 35% DEET (N, N-diethyl –M-toluamide) to the skin. Small infants should use 6 to 10% DEET (NOT available locally or in SA, so bring it with you!) Carry a small stick of repellent with you when you do go out in the evenings, i.e. visit restaurants, friends, etc. Reliable brands of insect repellent are available locally and in South Africa. Remember that these won’t be the brands that you are most familiar with. The Health Unit also keeps a small stock for emergencies.
- ✓ Use a pyrethrum (made from flowers) or the DEET tick/insect repellent spray over clothing and socks. This should provide adequate protection for 8 – 12 hours.
- ✓ Use a pyrethrum containing flying insect spray (Raid, Baygon, or others) in living and sleeping areas, particularly under bed and behind curtains.
- ✓ Use an appropriate size mosquito net over the bed. These can be sprayed after washing.

The other very important method to prevent malaria is by taking preventive medication, referred to as prophylaxis. The Department of State currently recommends Mefloquine as the drug of first choice because most countries in SE Asia have Chloroquine resistant malaria.

Mefloquine (Larium) 250 mg tablets should be started by taking 1 tablet once a week for one to two weeks before traveling to a malarious area and then once a week on the same day each week while in that area and for four weeks after leaving the malarious area. Mefloquine is generally well tolerated when taken in the morning with food and plenty of water.

The dosages for Mefloquine tablets (250 mg.) taken on a weekly basis are as follows:

Under 20 lbs.	1/8 of a tablet
20 to 42 lbs	¼ tablet
43 to 66 lbs	½ tablet
67 to 99 lbs	¾ tablet
Over 100 lbs	1 tablet

Mefloquine has been used extensively since US Food and Drug Administration (FDA) approval in 1989. It is convenient and highly effective. It is generally well tolerated at the low doses used for prevention. Side effects are more common at high doses used to treat malaria. Mefloquine is safe in the second and third trimesters of pregnancy, for infants, and children. It is contraindicated for use by travelers with a known hypersensitivity to the medicine and in persons with active depression or a history of psychosis or seizures. It should be used with caution in persons with psychiatric disturbances. It is also not recommended for persons with cardiac conduction abnormalities. However, persons on beta-blockers without arrhythmias may take it.

For persons who cannot take Mefloquine, three drugs are available: Doxycycline, primaquine or atovaquone/proguanil. All must be taken daily. In general daily dosing of antimalarials tend to result in a lower compliance rate.

Doxycycline 100 mg taken daily is also approved by the FDA for prevention of *P. falciparum* resistant to Chloroquine. Doxycycline is generally well tolerated. It should also be taken with food and plenty of water to avoid gastrointestinal disturbance. Likewise, persons should not lie down after taking the medication to avoid irritation to the esophagus. Vaginal yeast infections may occur in women and are treated with either topical or oral medications. Doxycycline can cause sensitivity to the sun, resulting in an exaggerated sunburn reaction. The risk can be minimized by avoiding prolonged, direct exposure to the sun and by using sunscreens that absorb long-wave UVA radiation (SPF 15 – 45). Doxycycline should NOT be taken in pregnancy and in children less than 8 years old. Start Doxycycline 2 days before travel, each day while in Maputo and for four weeks after leaving the area. The adult dose is 100 mg. per day and for children 8 years and older is 2 mg/kg up to 100 mg. per day.

Those persons taking any of the various drug regimens as prophylaxis against malaria or following the other suggested precautions must be aware that none of these measures offer assured protection against malaria and that the occurrence of suggestive malaria symptoms such as fever, chills and headaches, might well represent a break-through of malaria. Prompt medical attention is then indicated.

Chikungunya

Chikungunya is considered a re-emerging vector borne infectious disease in Asia. It originated in Africa but there have been numerous sporadic outbreaks in Singapore and other countries in SE Asia. There are reported case of Chikungunya in Malaysia as well

Key facts:

- Chikungunya is a viral disease that is spread by mosquitoes. It causes fever and severe joint pain. Other symptoms include muscle pain, headache, nausea, fatigue and rash. The disease shares some clinical signs with dengue, and can be misdiagnosed in areas where dengue is common.
- There is no cure for the disease. Treatment is focused on relieving the symptoms.
- The proximity of mosquito breeding sites to human habitation is a significant risk factor for chikungunya.
- The disease occurs in Africa, Asia and the Indian subcontinent. In recent decades mosquito vectors of chikungunya have spread to Europe and the Americas. In 2007, disease transmission was reported for the first time in Europe, in a localized outbreak in north-eastern Italy.

Snakes

Snakebites in Kuala Lumpur are rare. However, snakes are common and many varieties are venomous. A wide berth should be taken when unknown snakes are discovered. The most common of the venomous snakes are the cobras, coral snakes, pit vipers, and sea snakes. When traveling in wooded areas, one should wear long trousers with boots. Snakes generally do not bite unless disturbed and are predominantly active at night, therefore avoid walking at night in poorly lit areas of vegetation. If you see a snake, freeze; their eyes can only assimilate a moving target. If the snake does not move away after a couple of minutes, back away slowly avoiding any jerky movements. If you are bitten by a snake, it is important to remain calm and try not to move the affected limb too much. get medical attention as soon as possible. Avoid running; a fast heart beat will increase the rate at which the venom will spread. Immediate care consists of application of a splint to immobilize the limb, and an elastic bandage between the bite and the heart, but not on a joint. A snake's distinguishing markings should be noted for identification purposes. Snap a photo if possible using a camera or cell phone. If a cobra spits and the venom gets into the eyes, irrigate often with any non-caustic fluid available and immediately seek medical attention IMMEDIATELY!!

Snake anti-venom is available at:

General Hospital's Accident and Emergency Room (tel: 2692-1044) and

Gleneagles Medical Centre: (tel: 4257-1300)

Lizards are commonly seen and are helpful in removing some insects from the areas.

Soil Parasites can be contracted easily by walking barefoot in contaminated soil. Beaches may be contaminated so it's advised to wear footwear at all time to protect the soles of the feet.

Diarrhea

Diarrhea is the passing of stools more frequently than normal. It is defined as more than 4 stools in a 24 hour time period that are usually described as loose and watery.

Diarrhea that persists more than one week or any diarrhea associated with high fever and/or stools with blood or mucous should be evaluated by the health unit or appropriate health care facility. Dehydration due to the loss of fluid and electrolytes from diarrhea can occur if these losses are not replaced. Warning signs of dehydration include the following and should alert one to seek medical attention: small amounts of dark yellow urine, thirst, absence of tears, dry mouth and skin, fatigue and dizziness when standing. Dehydration is of particular concern for infants, and young children with diarrhea as well as with the elderly.

The best (and safest) treatment for dehydration is oral rehydration therapy. In the 1960's it was discovered that water is best absorbed from the intestine when it contains a certain amount of salt and sugar. That finding led the World Health Organization (WHO) to develop and promote the use of the Oral Rehydration Solution (ORS) to treat dehydration. If vomiting poses a problem, ORS can be given every 2 to 5 minutes, a teaspoonful at a time. Vomiting will usually stop once rehydration is underway.

Breast fed babies should continue to breast-feed. Human milk appears to diminish the duration and severity of diarrhea.

Although "resting the bowel" by taking only clear liquids for a certain period of time was once recommended, this has now been found to prolong the course of diarrhea. We recommend starting a bland (no fat) diet, called BRAT: bananas, rice, apples/applesauce, and toast. Don't drink milk or eat milk products, such as cheese since diarrhea can cause a temporary lactose intolerance. The only exception is plain yogurt. Solutions with a high concentration of sugar or salt (such as cola, 7-up, sprite, apple juice, and chicken broth) should also not be used. When these concentrated solutions enter the intestine, water is actually pulled out of the blood stream (worsening the dehydration). You can dilute these drinks by mixing them ½ and ½ with water.

Call the Health Unit to make an appointment if:

1. the diarrhea is more than 8 episodes in one day or when less severe, fails to improve in a couple of days.
2. when it is accompanied by any of the following symptoms: fever above 101°F orally, abdominal pain that persists, blood in the stool, frequent vomiting
3. more than 3 episodes a day in an infant under 6 months of age.

We may recommend lab work including stool specimens for evaluation before starting additional treatment.

Some Causes for Diarrhea

The over whelming cause of diarrhea in Malaysia are viruses, which are self-limited and require NO antibiotics. Regardless of the cause of diarrhea, the treatment MUST consist of Oral Rehydration using either a commercial rehydration solution such as Pedialyte or Rehydralyte, or Gatorade, 100 Plus or other electrolyte containing solution. Water alone DOES NOT WORK to improve hydration during diarrhea because without the electrolytes, the water cannot permeate the cells of the body adequately. You can make your own electrolyte solution as follows but if you do so, it is important to measure the ingredients EXACTLY to avoid problems.

Re-hydration recipe

- ✓ One liter of water, 2 teaspoons sugar, 1/4 tsp. salt, 1/4 tsp. baking soda, 1/2 cup orange or lemon juice or a little mashed banana

Traveler's Diarrhea is a common occurrence among Foreign Service personnel, affecting up to 70% of those reporting to new posts located in developing countries. Travelers' diarrhea is not a specific disease but describes symptoms of an intestinal infection caused by various bacteria, viruses, or parasites found in contaminated food or water. Those persons with poor compliance to traditional preventative dietary recommendations of "boil it, cook it, peel it, or forget it" are generally at higher risk of acquiring travelers' diarrhea. The best prevention of travelers' diarrhea is to follow the proper food handling and water treatment recommendations discussed on page 8.

Symptoms of traveler's diarrhea may be mild with only a few loose stools per day and lasting 3 – 7 days or more severe with loose stools (possibly with blood) accompanied by stomach cramping and tenderness, fever, and/or vomiting. Most cases of mild travelers' diarrhea are either caused by a common intestinal bacterium called *E. coli* or by one of several known viruses.

- - - - -Suggested Home First Aid Kit- - - - -

It is advisable to have a home first aid kit so that you can cope with simple emergencies. You can purchase a commercial first aid kit at many of the local pharmacies but may want to add to it the following medications which are not necessarily available in Malaysia:

- Benadryl (liquid for babies and chewable tablets for everyone else) to be used as an anti-histamine for stings, rashes, or bites.
- Zyrtec, Claritan for seasonal allergies
- Liquid Tears for eye irritation.
- Throat lozenges or hard candy for sore throats.
- A Fahrenheit thermometer. A number of good ones are available on line. It is important to have one that is accurate for small children if you have infants.
- Silvadene Ointment for the treatment of burns. This can be used to treat burns from the stove.
- Burn Gel
- Aloe Vera gel for treatment of sun burn.
- Advil or Alieve: Anti-inflammatory drugs which can also be used to treat fever.
- Electrolyte packets
- Band-Aids
- Hydrocortisone 1% cream for the treatment of rashes.
- Clotrimazole 1% cream for the treatment of athlete's foot.
- Waterless anti-bacterial hand gel
- Skin disinfectant such as Betadine or Hydrogen Peroxide.
- Tylenol or Acetaminophen for treatment of aches and pains and fever. There are a number of formulations of this for use in infants up to adults.
- Zinc lozenges for prevention of colds
- Skin moisturizers and chap stick for dry skin.
- Metamucil or Sennakote for constipation
- ACE wraps for strains or sprains
- Hot water bottle for strains
- Monostat, Gyne-Lotrimin or Terazole for vaginal yeast infections.

See section on Marine Life for additional suggestions.

A GOOD HOME FIRST AID BOOK! SOME SUGGESTIONS:

Everything First Aid Book: How to Handle Falls and Breaks, Choking, Cuts and Scrapes, Insect Bites and Rashes, Burns, Poisoning, and When to Call 911 (Everything Series) (Paperback) Nadine Saubers

First Aid for Babies & Children Fast by DK Publishing

American College of Emergency Physicians First Aid Manual, Second Edition by DK Publishing

APPENDIX A

Obtaining medication from the U.S. using your medical insurance

This information will help you to obtain medications from the USA using your insurance coverage. To date, the Medical Unit has attempted to store a small pharmacy of acute medications and medications that are used for treating chronic conditions but may be unavailable in Kuala Lumpur. The goal is to provide one with enough medication until they are able to procure their prescriptions from their mail-in RX facility in the United States. All the insurance companies used by the American diplomatic community utilize Medco Health, (formally Merck-Medco), Mail-In Pharmacy or Express Scripts (if Tricare). Each insurance company may have different co-pay policies and perhaps a different phone number and address but it is all the same corporation.

As a convenience to our Health Unit customers, we will fax prescriptions electronically to this pharmacy. We have a template that is widely accepted by Medco Health that requires the input of your insurance card number. This form is standardized to accept the variety of insurance's using Medco Health including, but not limited to: GEHA, FSPA, Blue Cross/ Blue Shield and Mail Handlers. Once the prescription is faxed and we receive confirmation that the fax has been successfully received, it is then the responsibility of the patient to follow up with Medco Health if there are any problems in receiving the prescription ordered. Consistent with Health Unit Policy in other areas of the world, under NO circumstances will we phone in a prescription nor will we phone the pharmacy to check on the status of a prescription.

Prescriptions for narcotic medications or controlled substances MUST be sent in as originals. These medications include products such as Ritalin, Tylenol with codeine, and other medications used to treat pain or learning issues. Anti-depressant medications are NOT narcotics. In the event that you need a medication procured immediately, there are some pharmacies in the Washington, DC area that are very familiar with those serving abroad in the Foreign Service and other agencies. These companies can send medications to you via Fed-Ex and DHL and some will also send over the counter prescriptions as well. Some will send via the pouch at no extra charge. (See attached list). All of the pharmacies listed on the attached list will accept faxes from patients. It is important to include on the fax, the name, address, insurance information and credit card number and expiration date if using one of these pharmacies. Medco Health will only accept faxed prescriptions from the Medical Unit.

Below please find a list of websites for the various Mail-Order pharmacies. These websites include information on obtaining medications and forms can be downloaded, filled out and sent in as required.

The Post Commissary has a range of over the counter medications available to purchase. In addition, all of the Washington, DC pharmacies have indicated a willingness to include over the counter (non-prescription) medications with your order.

www.medcohealth.com

www.caremark.com

www.expressscripts.com

ATTACHMENT A

Pharmacies in DC willing to ship overseas by pouch or APO:

CVS

21st and E St.
2125 E St. NW
Wash DC 20037
Phone 202-338-6337/337-4388
Fax 202-625-6621
Will FED-EX and DHL,
Will also forward OTCs and other items (blister, etc).

Morton's Pharmacy

724 E. Capital St NE
Wash DC 20003
Phone 202-543-1616
Fax 202-547-6136
(will accept new Rx by fax, but no schedule 2 narcotics by fax)
Also carries Home Health Supplies, wheel chairs, etc.
Will FED-EX or DHL,
Will also forward OTCs.

Morgan Care Pharmacy

3001 P St. NW
WashDC 20007
Phone 202-337-4100
Fax: 202-337-4102
(will accept new Rx by fax but no schedule 2 narcotics by fax)
Mailing fee 3.00 plus postage cost
Will FED-EX or DHL,
also will forward OTCs.

New Hampshire Care Pharmacy and Medical Equipment

5001 New Hampshire Ave., N.W.
Wash DC 20011
Phone 202-726-3100
Fax 202-291-5259
(Will accept new Rx by fax, but no schedule 2 narcotics by fax)
Will FED EX or DHL

Columbia Plaza Superstore

Steve Williams
Email: steve@clickpharmacy.com
New website: clickpharmacy.com
FAX: 1-305-221-3434
(Internet pharmacy able to process fax prescriptions overnight. Fax Rx to fax # and send Steve Williams an email – include M/C or Visa # and mailing address) CANNOT accept schedule 2 narcotic Rx. by fax.

ABLE TO ACCEPT A FAXED SCHEDULE 2 NARCOTIC – AS LONG AS WRITTEN Rx. FOLLOWS

Local Equivalents of Common American MedicationsAmerican Names**Pain medications:****Acetaminophen (Tylenol)**Local Equivalents**Paracetamol Padadol**

500 mg one tab every 6hr

Panadol Soluble tab.500mg. or syrup, 160mg or tab.120mg (follow package directions)**Ibuprofen (Advil)****Ibuprofen (Nurofen)** 200 mg two tablets every 8 hours for adults and children over 12.**Naproxen (Alieve)****(Naproxen)** 500 mg: one tablet every 8 hours. Apo-Napro-Na, 275mg.**Stomach medicines:****Cimetidine (Tagamet)****Cimetidin (Altramet, Cimetidin)** 400 mg: one every 12 hours**Ranitidine HCL (Zantac)****Ranitidine HCL (Raniberl, Ranitol, Zantac)** 150 mg: one every 12 hours.**Maalox****Maalox Plus:** 1-2 tablets after meals and before bed**Aluminum Hydroxide (Mylanta)****Dramamine (for motion sickness/vomiting)****Hydrosil:** 2 chewable tabs. 4 hourly after meals**Novomine**, 50mg., 1 tab. 4 hourly.**Anti-diarrheal medications:****Lopramide HCL (Imodium)****Loperamid (Imodium)** 2 mg: 4 mg initially then 2 mg after Each loose bowel movement.**Ultracarbon,50mg** x 2 fter each loose bowel movement.**Cold and allergy medication:****Tripolidine** HCL 2.5 mg and**Psuedoephedrine** 60 mg**Actifed:** One tablet three times per day.**Psuedoephedrine** 60 mg (Sudafed)

NOT AVAILABLE EXCEPT IN COUGH SYRUP

Loratadine (Claritan) 10 mg**Loratadin (Claritin)** 10 mg once per day;**Cough Medicine:**

Guaifenesin, Chlorpheniramine

Benadryl Expectorant

Guaiafen 1 teaspoon three times per day

Bena and or Uphadyl
expectorant,Diphendramine,ammonium chloride,Na Citrate.**Urinary Tract Infection medicine:**

Pyridium tablets

Urispas 200mg. 3 times daily.

Sleep medicine:

Zolpidem (Ambien)

Zolpidem (Stilnox) 10 mg: One tab ½ hour before bedtime.

LOCAL OPHTHALMOLOGISTS, DENTISTS AND HOSPITALS And PEDIATRICIANS

HOSPITALS

*There are three recommended hospitals.
All can handle general Emergency Care.*

Prince Court Medical Centre

39 Jalan Kia Peng
Kuala Lumpur
50450 Selangor
PHONE: 03-2160-0000

Gleneagles Medical Centre

286 Jalan Ampang
Kuala Lumpur
50450 Selangor
PHONE: 4257-1300

Subang Jaya Medical Center

1 Jln SS12-1A
47500 Subang Jaya
PHONE: 5634-1212

OPHTHALMOLOGISTS

*These are Medical Doctors that have additional
training in Ophthalmology. These are NOT Doctors of
Optometry which are the ones that make the eye-glasses.*

Dr. Cheong Fook Meng
Gleneagles Medical Center
PHONE: 4257-0299

Prof. Dr. Muhaya HJ Mohamad
Prince Court Medical Center
PHONE: 2160-0000

OPTICIANS

There are a number of excellent optical shops around Kuala Lumpur and you are only limited by how much money you are willing to spend these are found in most major shopping centers:

DENTISTS

*All of these individuals have completed some or all
Of their training abroad.*

Dr. Sean Paul, D.D.S.

Living Well Cosmetic and General Dentistry
Lot 6, Level 4
Great Eastern Mall
303 Jalan Ampang
50450 Kuala Lumpur
PHONE: 4252-8828

Dr. Chua Kook Liang, BDS

Business Suite 19A-22-5
22nd Floor Unit 5
19 Jalan Pinang.
50450 Kuala Lumpur
Telephone: 03-2166-9189

Dr. Kartina Stephens, BDS

Suite 713
Gleneagles Hospital, 282 Jalan Ampang
Tel: 03-4251-4988.
Good with children

New England Optical
Focal Point

Eye Essentials
Gleneagles Hospital next to ER.
4257-2068

Are some of the more popular chains. You can also use the shop recommended by the physician that does your eye exam.

ORTHODONTISTS

Good orthodontia care is available locally. Here are some of the tried and true orthodontists used by the Expatriate Community.

Dr. M. Patricia Murugasu, DDS
Consultant Orthodontist
Specialist Orthodontic Clinic
Holiday Villa, Ampang
2171-1902
Member of American Assoc. of Orthodontists

Dato' Dr. David V. Gunaratnam, DPMT, BDS
Suite 1.25 and 1.26
Bangunan Angkasa Raya
Jalan Ampang
2142-0722

Dr. Woon Kok Chin, BDS
Ampang Orthodontic Clinic
B-12-1 Jalan Selaman Satu-1
Dataran Palma
4270-6160

Dr. Mohd. Shafeeq Hasan, BDS
Suite 111 & 112
Gleneagles Medical Centre
282 Jalan Ampang
4253-3668

Pediatricians:

Dr. Ananda Dharmalingham
Suite 515, 5th Floor Medical Office Bldg.
Gleneagles Intan Medical Centre
282 & 286 Jalan Ampang
4251-1022
Hospital Line: 4257-1300

Dato' Dr. Vernon Lee
Suite 608 6th Fl Medical Office Bldg.
Gleneagles Intan Medical Centre
4255-2913

MEDICAL - SURGICAL CONSENT AUTHORIZATION FOR DEPENDENTS

Parents (or legal guardians) traveling outside of Kuala Lumpur (unaccompanied by their minor children) are encouraged to photocopy and complete this form. In case of a medical emergency, the authorization will allow a designated person to seek medical care, for a minor child. In the absence of prior written authorization, the Health Unit and/or local medical facilities would be limited in providing adequate care. The completed form should be distributed to the following:

- (1) *Original to the adult (not a servant) with the American Embassy who will assume responsibility for the care of your dependent(s) during your travel away from Kuala Lumpur.
- (2) Copy to the Health Unit.
- (3) Copy to the Personnel Office of the employee's foreign service agency.

*You may list more than one person in case one is not available.

Authorized dates from:_____to_____.

I hereby give my consent for_____, to seek medical care (including immunizations, surgery, or laboratory tests) at the Health Unit, medical/dental office, laboratory, or any hospital for my dependent child (or children) during my absence from Kuala Lumpur.

Name of Child:

Known Allergies:

Printed Name of Parent or Guardian:_____

Signature of Parent or Guardian _____

Printed Name of Witness: _____

Signature of Witness: _____

DATE:_____

DATE:_____

NOT FOR CIRCULATION OUTSIDE OF THE EMBASSY

Department of State Office of Medical Services Mission Statement

"To provide the Department and all Foreign Affairs Agencies with a healthy work force and to promote the health of all beneficiaries under the Medical Program by facilitating access to quality medical care and encouraging participation in disease prevention programs."

Health Unit Office Hours

All visits are by appointment with the exception of flu shots, blood pressure readings and emergencies.

The Health Unit is open	Monday through Friday	07:45 - 16:30
Appointments	Monday through Friday	08:30 - 16:00
Administrative Time	WEDS AFTERNOON	13:00 - 16:30

PHONE NUMBER: 2168-4880

Health Unit Staff

Mari C. Sullivan, MSN, ARNP, FSHP	Post Medical Officer	2168-2391 CELL: 012-205-1178
Christina Lee, RN	Registered Nurse	2168-4880

After Hours or Medical Emergency

Post One.....2168-4959

Call for connection to the on-call staff member for advice

Prince Court Medical Centre Ambulance..... 2160-0000

Gleneagles Medical Centre..... 4257-1300

Lifeline Ambulance..... 7956-9999

First Ambulance..... 1-300-88-1919

Poison Control..... 1-800-222-1222 or 202-625-3333

For accidental poisoning...call poison control in the USA FIRST!!! Have the bottle of pills or other poison within reach when you call. THEN call Post One or the Medical Officer if necessary.

-----SEEK MEDICAL ATTENTION IMMEDIATELY FOR THE FOLLOWING SYMPTOMS-----

Warning Signs of Heart Attack

- Uncomfortable pressure, fullness, squeezing or pain in the mid-chest that lasts more than a few minutes or goes away and comes back
- Pain that spreads to the shoulder, neck, jaw or arms
- Chest discomfort with lightheadedness, fainting, sweating, nausea or shortness of breath

Warning Signs of a Stroke

- Sudden numbness or weakness of the face, arm leg especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble with balance and coordination
- Sudden severe headache, with no known cause